



HOW TO BE A SUPPORT BROKER

AN INSTRUCTION AND PROCEDURES MANUAL

Updated March 2011

www.selfdirection.idaho.gov

A Self-Directed Community Supports Waiver Option



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INTRODUCTION

Self-Directed Community Supports is a flexible program option for participants eligible for the Home and Community Based Services – Developmental Disabilities Waiver. This option allows the eligible participants to choose the type and frequency of supports they want, negotiate the rate of payment and hire the person or agency they prefer to provide those supports. The program is supported by the IDAPA Rule 16.03.13 and is called My Voice My Choice Consumer-Directed Services.

The guiding principles of My Voice My Choice are that participants have:

- FREEDOM to plan their own lives.
- CONTROL over the Medicaid dollars to get the services and supports they need.
- SUPPORT to be involved in their community, as much as they choose.
- RESPONSIBILITY for the choices and decisions they make.

This manual is written for YOU, the potential or working support broker and has several goals:

- Ensure that you understand, agree with, and can state the philosophy that is the foundation of My Voice My Choice.
- Provide complete step-by-step information describing the support broker qualifying process, the function of the circle of support and the person-centered planning process and the business model of My Voice My Choice.
- Ensure that you know the required and optional job duties.
- Give you the tools necessary to do your job.
- Give you guidelines on how to work with your employers and the circles of support to complete a Support and Spending Plan.
- Clarify the procedures, processes and rules that govern your role.

CHAPTER ONE: GETTING STARTED

Support Broker Job Description

A support broker is employed directly by a participant with a disability. A support broker helps their employer develop and manage their services. They provide support in a way that is flexible, and responsive to the individual employer. A support broker helps their employer develop their Support and Spending Plan, budget their money, and monitor their community support workers and other paid services. Support broker services are defined by IDAPA Rules as assistance to the participant in the areas of planning, budgeting and negotiating their services.

A support broker is committed to a value system that supports each participant's fundamental right to live a life of dignity, be fully self-determined, be fully included in community life, and be supported by a network of family members and friends. They help to provide leadership, ideas, commitment, and coordination for their employer. A support broker has a clear focus on helping their employers identify goals to increase their independence and ensure a positive quality of life.

On the Web!

For information about the Idaho Administrative Rules, visit:
<http://adm.idaho.gov/adminrules/rules/idapa16/0313.pdf>

The Idaho Administrative Procedures Act (IDAPA) rules are the legal foundation for the state to ensure that the support broker adheres to the rules and standards of care for their employer.

According to IDAPA 16.03.13 – *Consumer Directed Services*, at a minimum the support broker must:

- Participate in the person-centered planning process;
- Develop a written Support and Spending Plan with the participant that includes the supports that the participant needs and wants, related risks identified with the participant's wants and preferences, and a comprehensive risk plan for each potential risk that includes at least three (3) backup plans should a support fail. This plan must be authorized by the Department;
- Assist the participant to monitor and review his budget;
- Submit documentation regarding the participant's satisfaction with identified supports as requested by the Department;
- Participate with Department quality assurance measures, as requested;
- Assist the participant to complete the annual re-determination process as needed, including updating the Support and Spending Plan and submitting it to the Department for authorization;
- Assist the participant, as needed, to meet his participant responsibilities outlined in Section 120 of these rules and assist the participant, as needed, to protect his own health and safety;
- Complete the Department–approved criminal history check waiver form when a participant chooses to waive the criminal history check requirement for a community

support worker. Completion of this form requires that the support broker provide education and counseling to the participant and his circle of support regarding the risks of waiving a criminal history check and assist with detailing the rationale for waiving the criminal history check and how health and safety will be protected.

In addition to the rules stated above, IDAPA Rule requires that each support broker must be able to provide the following services when requested by the participant:

- Assist the participant to develop and maintain a circle of support;
- Help the participant learn and implement the skills needed to recruit, hire, and monitor community supports;
- Assist the participant to negotiate rates for paid community support workers;
- Maintain documentation of supports provided by each community support worker and participant's satisfaction with these supports;
- Assist the participant to monitor community supports;
- Assist the participant to resolve employment-related problems;
- Assist the participant to identify and develop community resources to meet specific needs.

Limitations

You cannot provide or be employed by an agency that provides paid community supports as defined by the Community Support Broker Duties and Responsibilities section of the IDAPA Rule 16.03.13.135.05.a.

The Application Process

Who Can Apply

The support broker job description and an application to become a support broker can be found on the Department's web site: www.selfdirection.idaho.gov .

Minimum Requirements

Individuals interested in becoming a support broker must complete the Department approved application to document that they are:

- 18 years of age, or older.
- Have skills and knowledge typically gained by completing college courses, community classes, or workshops that count toward a degree in the human services field.
- Have at least two years of verifiable experience with the target population, and knowledge of services and resources in the developmental disabilities field.
- Pass the Department's Criminal History Background Check.

A person is not eligible to become a support broker for a participant if:

- They are the participant's guardian, payee, or conservator.
- They are the participant's parent.
- They are the participant's spouse.

- They are employed by an agency that provides paid community supports to the participant.

Wages



Maximum hourly salary for a support broker is \$18.72/hour, but employers are advised to offer less than this to start so they can offer raises.

Criminal History Check

According to IDAPA rules (16.05.06.015 – 034), the Department of Health and Welfare has the responsibility to ensure criminal history checks are conducted for Medicaid support brokers. The intent of these rules is to facilitate the protection of children and vulnerable adults by requiring criminal history checks of persons providing care, services, or assuming responsibility for these participants. The Division of Medicaid Bureau of Developmental Disability Services will ensure that applicants meet criminal history check requirements prior to qualifying an applicant to become a support broker and approving service provisions.

Individuals that have any felony convictions or are a party to a valid child or adult protection complaint cannot work or provide service to My Voice My Choice participants unless an exemption is granted. Individuals convicted of other crimes will be evaluated on a case-by-case basis and may be granted an exemption.

No exemption will be granted for the crimes listed below:

- Armed robbery.
- Arson.
- Crimes against nature.
- Forcible sexual penetration by use of a foreign object.
- Incest.
- Injury to a child, felony, or misdemeanor.
- Kidnapping.
- Lewd conduct with a minor.
- Mayhem.
- Murder in any degree.
- Voluntary manslaughter.
- Assault or battery with intent to commit a serious felony.
- Poisoning.
- Felony involving a controlled substance within seven years of the date of conviction.

- Possession of sexually exploitive material.
- Rape.
- Felony stalking.
- Sale or barter of a child.
- Sexual abuse or exploitation of a child.
- Any felony punishable by death or life imprisonment.
- Any felony involving any type or degree of embezzlement, fraud, theft, or burglary within seven years from the date of conviction.
- Abuse, neglect, or exploitation of a vulnerable adult.
- Attempt or conspiracy to commit any of these designated crimes.

If at any time during your employment as a support broker you are charged with any criminal activity which might impact your ability to work with vulnerable adults, according to IDAPA rules (16.03.13), you are required to report this charge immediately to your employer. A substantiated charge of abuse, neglect, exploitation, or a criminal conviction of any crime which would disallow you to work with Department participants must be reported to your employer immediately.

Training



Q: What kind of training do I need to be a support broker?

A: A support broker must pass an exam prior to providing any paid services to the participant. Taking the training courses provided by the Department will help you pass the exam.

There are many training tools and courses available to individuals that want to be a support broker. The Department maintains an external web site regarding the Self-Directed Community Supports program at: www.selfdirection.idaho.gov

The *Support Broker Training Curriculum* is available on this web site. You may need additional software to fully utilize the training curriculum. Directions for additional software are available on the web. The support broker qualification exam is partially based on this curriculum and partially based on this manual and the training that the Department provides.

Once your application is approved, you are eligible to participate in Medicaid sponsored training. Medicaid sponsored training is available through local Regional Medicaid Services.

Contact your local regional staff for specific information on dates, times, and course availability. For local regional staff names and phone numbers, refer to page 64 or call the toll free number at 1-866-702-5212.

The Support Broker Qualification Examination

The Exam Process

The qualification exam is based on the self-direction program philosophy, concepts, rules, guidelines and procedures. The exam incorporates information from the on-line The Support Broker Qualification Examination

The Exam Process

The qualification exam is based on the self-direction program philosophy, concepts, rules, guidelines and procedures. The exam incorporates information from the on-line curriculum, the Support Broker Training and the Support Broker Instructions and Procedures Manual.

The exam is completed in two sections. The first portion of the exam is taken at the Regional Medicaid Services office and is a closed-book exam. Once you have completed this portion of the exam, you can take the second part. The second part of the exam is a take-home case study. The take-home portion requires that you develop a Support and Spending Plan that will meet criteria for authorization.

The following apply when completing the both parts of the exam:

- The exam will be administered at the Bureau of Developmental Disability Services office located at your regional Health and Welfare.
- You are not allowed to bring books or other written material, cell phones, back packs, purse, or hand held electronic devices into the exam room for the closed-book part of the exam.
- Walk-ins will not be accepted.
- The date and time must be scheduled in advance with the regional trainer.
- The test is offered during a regular business day, during regular business hours and requires up to 90 minutes.
- You must present photo identification at the time of the exam.
- The exam will be taken in a private room and must be completed in ink.
- The trainer will remain available to you in the event assistance is needed during the exam, but does not need to remain in the same room.
- Once you have completed the closed-book part of the exam, the trainer will provide you with a case study, a completed Work Book and a blank Support and Spending Plan.
- You can use any resources you choose to complete the Support and Spending Plan.
- You have 5 working days to complete the case study and Plan
- Once you have completed the Plan to your satisfaction and you think it will meet criteria for approval, return it to the Bureau of Developmental Disability Services office.

- Both the closed-book exam and the case study will be graded by a staff member designated by the Bureau.
- You must receive a score of 70 percent or better on both parts of the exam to pass.
- You will receive a written notice stating you have passed the exam.
- If you fail the exam, you may take it up to three times in a 12 month period.
- You may request a consultation with the regional trainer, to determine what areas of the test were problem areas that resulted in score of less than 70.
- If you fail the exam three times, you must wait 12 months from the last failed exam date to re-take it.

Q: How much does it cost to take the support broker exam?

A: There is no fee for the exam.

Passing the Exam

Once you have qualified to be a support broker, your name will be placed on a register of approved support brokers. This register is maintained by the Department of Health and Welfare on the Department web site at: www.selfdirection.idaho.gov

Receiving Your Notice of Qualification

Here is a checklist of things you need to do to become a qualified support broker.

- Submit your complete application.
- Pass your criminal history check.
- Pass the qualification examination.
- Receive the letter with notification that you are a qualified support broker.

The letter will serve as your qualification and must be presented to your employer and to the Fiscal Employer Agent when you complete your employment packet.

Curriculum, the Support Broker Training and the Support Broker Instructions and Procedures Manual.

Once you have qualified to be a support broker, your name will be placed on a register of approved support brokers. This register is maintained by the Department of Health and Welfare on the Department web site at: www.selfdirection.idaho.gov

Annual Re-Qualification

The anniversary date for the annual re-qualification is one year from the date on your original Notice of Support Broker Qualification. In order to be re-qualified as a support broker, you must submit the following:

- An application for re-qualification, which can be found on the self direction web site: www.selfdirection.idaho.gov
- Documentation that you have completed a minimum of 12 hours of training in subjects specific to support broker job duties and responsibilities.

- Documentation can be provided by:
 - Certificates of completion.
 - Continuing education units.
 - Community education verification of course completion.
 - Report cards from an educational institution.
- Training may be taken through:
 - Regional Medicaid Offices.
 - Private trainers.
 - Agencies contracted with the Department of Health and Welfare.
 - Local community education classes.
 - College courses.
 - Workshops.
 - Seminars.
 - Conventions.
 - On-line training.
 - Self study.
 - Teleconferences
- Training subjects can include but are not limited to:
 - Person centered planning and related topics.
 - Plan development.
 - Budget development and budget monitoring.
 - Staff supervision.
 - Employment negotiation.
 - Conflict resolution.
 - Maintaining a circle of support.
 - Community resource identification/integration.
 - IDAPA rules and/or Medicaid policies.
- A maximum of six hours a year of the required 12 hours of training can be completed through self-study.
- Self-study can take the form of reading and/or on-line courses; verification can be obtained through:
 - A brief synopsis of the self-study course, including a written description of the material, where it can be located, and specifics of how it applies to support broker job duties.

If you do not provide documentation of 12 hours of annual training, your support broker qualification will expire on its anniversary date.



Q: How soon do I need to submit my application for re-qualification?
A: 45 days prior to the expiration date of your current Support Broker Qualification Notice.

Approval of Application

If your application is approved, you will be sent a letter notifying you prior to the expiration of your current one year qualifying notice. Your original date of qualification will continue to be your annual renewal date.

Denial of Application

If your application does not demonstrate that you have completed 12 hours of on-going training, you will receive a notice that you must submit further documentation or additional training before you can continue paid work as a support broker. This letter will contain specific information to your case. Your current qualification will lapse on the annual renewal date and you will not bill or get paid for support broker services until you receive a notice of continuing qualification.

You will not be able to continue to work as a qualified support broker if you have been convicted of a criminal charge which disqualifies you from providing Medicaid services or if there is a substantiated report that you have been found to be the perpetrator in a case of abuse or neglect against a child or vulnerable adult.

Quality Assurance

The support broker functions are integral to the success of individuals in Self-Directed Community Supports. As a support broker, you must be experienced in working with individuals with developmental disabilities. You must also be knowledgeable and qualified to fulfill this role with the participant. You must perform the functions required by IDAPA rules and must be able to perform additional functions as needed by your employer. Support and Spending Plans are reviewed by the Department of Health and Welfare to assure that participant needs are met and significant risks are addressed. A monitoring review/survey of support brokers and their participant files are completed to assure compliance with rules. The Participant Experience Survey is used to collect information from participants and monitor participant satisfaction. When issues of concern are identified in the Participant Experience Survey, review of complaints, and/or Support and Spending Plan reviews, the participant may be selected for an enhanced quality assurance review.

Terminating a Support Broker Employment Agreement

The Department of Health and Welfare, Division of Medicaid, may terminate a support broker employment agreement at any time. In most cases, remediation will be attempted by the regional Quality Assurance/Quality Improvement Trainer prior to revocation. Termination may occur in the event that a support broker fails to perform their job duties adequately despite a plan of correction.

CHAPTER TWO: STARTING THE JOB

Notifying a Potential Employer/Finding an Employer

A master list of qualified support brokers is publicized on the Self-Direction web site at: www.selfdirection.idaho.gov. This list is available for the public to view. You will be asked on your Notice of Qualification whether you want your name, phone number, and email publicized on this list.

You're Employer

Medicaid rules state that your employer is an individual who is eligible for Home and Community Based Developmental Disabilities Waiver services. By definition, your employer is a Medicaid participant who has developmental disabilities and needs active treatment.

Active treatment is defined as the continuous participation during all waking hours, by an individual in an aggressive, consistently implemented program of specialized and generic training, treatment, health and related services, and provided in accordance with a treatment plan directed toward the acquisition of the behaviors necessary for the individual to function with as much independence as possible.

Your employer can choose consumer directed services or the traditional model in order to receive services through the Home and Community Based Waiver program. The Idaho consumer directed program is named MY VOICE MY CHOICE. Consumer directed services allow participants to have greater freedom to manage their own care. They must hire a support broker to act as an ongoing link with personal network members, community support workers, vendors, professionals, the funding body, and the wider community.

Submitting the Enrollment Packet

Once you have been hired, you and your employer will complete an employment agreement. Prior to being able to bill for services, you need to enroll with the fiscal employer agent. You cannot be paid for any services until your enrollment packet is complete and accepted, and you have a signed employment agreement that is supported by the authorized Support and Spending Plan.

The fiscal employer agent enrollment packet will be given to your employer when they attend the Guide to Self-Directed Life training. They can also get it directly from the fiscal employer agent by mail or from the FEA website. All information is to be filled out and submitted to the fiscal employer agent. Your employer can receive training from the fiscal employer agent on how to complete their forms for enrollment, and how to complete the forms for their employees.

Make sure your employer has enrolled with the fiscal employer agent before you complete your employment agreement and fiscal employer agent enrollment for yourself. Your employer may need your assistance, so the following step-by-step will help you help them.

Fiscal Employer Agent Enrollment Process for the Employer

- The participant gets the fiscal employer agent enrollment packets.
 - The participant completes their training with the fiscal employer agent on how to fill out and submit the packet by phone, mail, fax, or through a training seminar.
- The participant completes the fiscal employer agent enrollment packet.
- The participant sends the enrollment packet back to the fiscal employer agent.
- The fiscal employer agent will review the packet.
 - If there are errors, or the packet is incomplete, the fiscal employer agent will return the forms for correction and resubmission.
- The fiscal employer agent notifies the participant and Medicaid of successful enrollment.
- The fiscal employer agent mails the participant their employer identification number. This number is used on all time sheets for the community support workers hired by the employer, including the support broker.

Fiscal Employer Agent Enrollment Process for Employees

Once your employer has successfully enrolled with the fiscal employer agent, and has received their employer identification number, you and other community support workers can enroll. If they wish, the employer can simultaneously submit their own enrollment packet with the packets of their employees.

- The support broker and other community support workers receive their enrollment and related forms directly from their employer.
- The support broker or other employee completes the forms as needed.
- These forms include state and federal tax withholding information and information regarding time sheets and payment.
- The employee may submit the completed forms to the participant/support broker who submits the completed forms to the fiscal employer agent, or the employee may submit their completed forms directly to the fiscal employer agent.
- The fiscal employer agent reviews all of the forms.
- If there are errors, or the forms are incomplete, the fiscal employer agent will return the forms for correction and resubmission.
- The fiscal employer agent will notify the employee of successful enrollment by mailing the employee an identification number.
- This number is subsequently used on all time sheets.

Your Employment Agreement

You cannot bill and will not be paid for support broker services until:

- You have passed the exam.
- You have valid, signed employment agreements and other necessary documents filed with the fiscal employer agent.
- You have received your employee identification number from the fiscal employer agent.

You will sign two employment agreements:

- The Medicaid Support Broker Agreement.
- The Participant Support Broker Employment Agreement.

You must use the employment agreement templates authorized by the Department of Health and Welfare. Examples of agreements can be found in *Appendix B*. Templates of agreements are found on the web site. The Medicaid Support Broker Agreement will be part of the employment packet you receive from the fiscal employer agent once you have been hired by a participant. The Participant Support Broker Employment Agreement is filled out with your employer at the time you agree upon your job duties. The maximum wage you can be paid is \$18.72 per hour but you can receive different hourly rates of pay for different services you perform.

Items that must be in the Participant Support Broker Employment Agreement include:

- How often you will do each task and the approximate time each task will take.
- How often you will meet with your employer and their circle of support.
- Required and requested employment duties, as defined by Idaho Administrative Procedures Act (IDAPA) 16.03.13, and listed in Chapter One.

Suggestions for drafting an employment agreement:

- Identify and list what services you will be accomplishing and coordinating for your employer.
- Specify how often you will meet with your employer, how often you will have phone contact with your employer, and how many hours a month you expect to spend in direct contact with your employer.
- List the required job duties first and then how much time these duties are expected to take.
- List the discretionary tasks that you and your employer agree upon separately from the required job duties.
- Prioritize the list of discretionary job duties.
- Approximate how many hours a week or month you will need to complete the discretionary tasks.
- Determine if the amount of total time a week/month for required and discretionary tasks fall within your employer's expectation of what support broker services will cost; if it doesn't, make adjustments.
- List the negotiated wage (maximum wage amount is \$18.72 per hour).
- You cannot provide any other paid services to your employer, outside of the support broker duties listed on the employment agreement.
- The budget for support broker duties should not jeopardize the budget needed for other support services.

Agreement Approval

This agreement must be approved and signed by your employer and their guardian if they have one.

Q: What if more than one participant wants to use my services?

A: It is within the scope of this position to have more than one employer. As long as you fulfill the requirements with each employer and maintain the privacy of each participant, feel free to work for more than one employer.

The Fiscal Employer Agent

Your employer must purchase financial management services to participate in the My Voice My Choice option. The fiscal employer agent provides financial guidance and support to the participant by tracking individual expenditures, monitoring overall budgets, performing payroll services, and handling billing and employment related documentation responsibilities.

Getting Paid Through the Fiscal Employer Agent

The fiscal employer agent issues paychecks on behalf of your employer. If you have questions, need help filling out the forms, or have concerns regarding your paycheck, contact the fiscal employer agent directly. Their customer service is available during regular business hours, Monday – Friday, with the exception of holidays. In order to be paid, you must have completed the following steps:

- Make sure that the support broker services you perform are accurately budgeted on the Employment Agreement and your employer's Support and Spending Plan.
- Be enrolled with the fiscal employer agent.
- Have an employee ID number from the fiscal employer agent.
- Have your employer review and sign your time sheet.
- Submit a complete and signed time sheet to the fiscal employer agent.

You are paid according to the time schedule provided to you by the fiscal employer agent. You must have your time sheet signed and submitted by the specified dates to ensure payment at the next payroll day. You are only paid for the actual hours you work. You only provide one service, that of a support broker. You always code your time as SBS. You can get paid different hourly wages for different support broker services, using a qualifying sub-code. You need to fax or mail your time sheet by the appropriate due date.

The Good News

“When do I get my first pay check?” is a natural question most people ask when they start a new job. Your first pay check includes all the hours you put into developing the Support and Spending Plan. Your employment agreement details the hours including:

- Meeting with your employer and their circle of support.
- Helping your employer fill out their *My Voice My Choice Workbook*.
- Researching and calculating rates for services and prices of goods that need to be purchased.

You need to track all the time you spend on support broker duties prior to the authorization of the Support and Spending Plan.

The Not-So-Good News

You cannot get paid until the Support and Spending Plan is authorized. You will be doing work up-front for payment at a later date. You submit your first time sheet after the Support and Spending Plan is authorized, with a total number of hours that reflect your work. Your first time sheet will include all the hours you have worked. However, you can not be paid more than 40 hours for work per week. You have to date the time sheet after the date the Support and Spending Plan was approved because there is no way for Medicaid to pay for services prior to authorization by a care manager.

If your employer has a current Individual Service Plan, and is receiving services through the traditional waiver option, they still have a plan developer/service coordinator until the Support and Spending Plan goes into effect. The service coordinator continues to provide and bill for services. You need to be able and willing to work with them during crucial transition months. The service coordinator can help you and your employer by providing valuable information and maintaining contact with current services and Medicaid. They will be expected to continue with their normal job duties until the current Individual Service Plan expires. This means they are responsible for handling service needs and any problems that arise during this time. Your first paycheck will reflect the hours authorized for you to meet with the circle of support and develop the Support and Spending Plan.



Q: How often do I get paid?

A: The fiscal employer agent provides each participant and their employees with a payroll schedule and details regarding when time sheets need to be submitted to be paid on specific pay dates.

CHAPTER THREE: THE SUPPORT AND SPENDING PLAN

Steps to Develop a Support and Spending Plan

The Support and Spending Plan is the key to your employer's ability to manage their services. The intent of the Support and Spending Plan is to ensure that your employer gets the help they need to become as independent as possible. The Plan must include goals that your employer wants to achieve within the next year that support increased independence. The Plan also includes information about what your employer can do to reach their goals without paid supports and services.

Identifying the Circle of Support

The first step in building a Support and Spending Plan is to identify the circle of support. These are the people who will help to develop the Support and Spending Plan.

According to Idaho Administrative Procedures Act (IDAPA) 16.03.13, the circle of support consists of people who encourage and care about the participant. Work or duties that the circle performs on behalf of your employer is not paid.

- Focus of the circle of support: The participant's circle of support should be built and operate with the primary goal of working in the interest of the participant. The group's role is to give and get support for the participant and to develop a plan of action, along with and on behalf of the participant, to help the participant accomplish his personal goals.
- Members of the circle of support: A circle of support may include family members, friends, neighbors, co-workers, and other community members. When the participant's legal guardian is selected as a community support worker, the circle of support must include at least one (1) non-family member that is not the support broker.
- Selection and duties of the circle of support. Members of the circle of support are selected by the participant and commit to work within the group to: a. Help promote and improve the life of the participant in accordance with the participant's choices and preferences; and b. Meet on a regular basis to assist the participant to accomplish his expressed goals.
- Natural supports: A natural support may perform any duty of the support broker as long as the support broker still completes the required responsibilities. Additionally, any community support worker task may be performed by a qualified natural support person who possesses the necessary training or certification. Supports provided by a natural support person must be identified on the participant's support plan, but time worked does not need to be recorded or reported to the fiscal employer agent.

Additional information on the circle of support can be found through the following sources:

- Review Module 'C' of the Support Broker Training Curriculum at:
www.selfdirection.idaho.gov

Use the Guide to a Self-Directed Life

The *Guide to a Self-Directed Life* is the consumer handbook that has been developed for participants in the My Voice My Choice Option. It is given to each participant during training. The guide gives specific directions and instructions for participants and suggests that they use their support broker to help identify members of their circle of support.

It is important that participants use natural (unpaid) supports as much as possible. Each participant has a limited budget. The support broker fee must comprise only one small part of that budget.

The circle of support is essential in developing and maintaining the independence of the participant.

Use the Person Centered Planning Process and the My Voice My Choice Workbook

Person centered planning is the foundation of consumer-driven support planning. Person centered planning means that your employer's needs and goals define the Support and Spending Plan. The *My Voice My Choice Workbook* prompts the circle of support to focus on your employer.

The *My Voice My Choice Workbook* helps your employer to identify how they want to spend their support and service budget. Your employer may ask for help when filling out the workbook. Each participant is given a copy of the *My Voice My Choice Workbook* during training.

- Familiarize yourself with the *My Voice My Choice Workbook*. You can download a copy from the self-direction web site.
- Use the *Workbook* to help your employer identify their long-term goals and needs.
- Assist your employer to break down their long-term goals into short-term tasks that can be accomplished within the one-year time span of their annual plan.
- Record both long and short-term goals in the *Workbook*.
- The *Workbook* becomes the basis of the Support and Spending Plan.
- The *My Voice My Choice Workbook* must be returned to the Regional Care Manager with the completed Support and Spending Plan.
- Make sure you or your employer make a copy of the *Workbook* and the Support and Spending Plan before turning them into the Regional Care Manager.

You need to be mindful of how much time you can spend with your employer helping with the *Workbook*. You should try to identify how many hours it will take to complete the Person Centered Planning meetings and help with the Support and Spending Plan. These duties and hours must be included in the employment agreement.

Your employer may need the help of other professionals to complete portions of the workbook. The workbook includes information on health and safety risks and needs. Health professionals may need to be consulted. As you review the workbook, please note how much time may be needed in gathering health and safety information from others. Make sure you include this time in your employment agreement.

Use the Individualized Budget

The individualized budget is the amount of money that each individual can spend annually to purchase their Medicaid allowable supports and services. The individualized budget is set through a specific process, based on each person's assessed and identified needs. Each individual is advised of their budget in their waiver eligibility approval letter.

You must know the annual budget amount for each of your employer's supports and services prior to submitting a Support and Spending Plan. The Plan must fit within the parameters of the individualized budget or it will be rejected.

Your employer must purchase fiscal employer agent and support broker services to participate in the Self-Directed Community Supports option. They will use their budget to purchase goods and community supports.

Individuals cannot exceed their annual budget. If your employer cannot budget their expenses to fit within their individualized budget, you will need to help them review their options.

Calculate Allowable Expenses

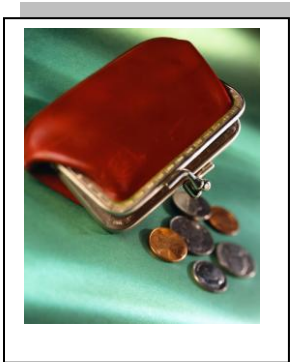
The individualized budget is used to purchase your employer's needed supports and services. The budget will pay for the fiscal employer agent, support broker services, community support worker services, necessary equipment, and supplies. The community support worker provides identified supports to the participant. If the identified support requires specific licensing or certification within the State of Idaho, the community support worker must obtain the applicable licensing or certification requirements.

Help your employer figure out the costs of each service they want to use. Make sure each service is allowable, according to IDAPA 16.03.13. See *Appendix A* for the list of allowable expenses. The Support and Spending Plan provides worksheets to help you.

Identified supports include activities that address the participant's preferences for:

- Job support to help the participant secure and maintain employment or attain job advancement;
- Personal support to help the participant maintain health, safety, and basic quality of life;

- Relationship support to help the participant establish and maintain positive relationships with immediate family members, friends, spouse, or others in order to build a natural support network and community;
- Emotional support to help the participant learn and practice behaviors consistent with his goals and wishes while minimizing interfering behaviors;
- Learning support to help the participant learn new skills or improve existing skills that relate to his identified goals;
- Transportation support to help the participant accomplish his identified goals; the participant can pay an employee an hourly wage to drive them.
- Transportation miles support allows the participant to compensate a community support worker for miles that they drive while transporting them to and from services and activities approved on the support and spending plan.
- Adaptive equipment identified in the participant's plan that meets a medical or accessibility need and promotes his increased independence; and
- Skilled nursing support identified in the participant's plan that is within the scope of the Nurse Practice Act and is provided by a licensed professional (RN) nurse or licensed practical nurse (LPN) under the supervision of an RN, licensed to practice in Idaho.



As a support broker, you are responsible for knowing which expenses are, and which are not allowed by Idaho Department of Health and Welfare, Division of Medicaid, and the Self-Directed Community Supports Program. *Appendix A* lists both categories.

Review Rates and Budgeting

You can help your employer negotiate wages and rates. The participant is not bound by previously negotiated Medicaid rates. They can offer what they consider to be fair-market payment for the supports and services they require. As long as those services are allowable under the Medicaid rules and guidelines, the cost is negotiable.

The Support and Spending Plan includes specific worksheets for budgeting. These worksheets should be used to help your employer calculate the cost of each paid service/support.

Instructions on how to use the budgeting sheets are included in the plan. You can help your employer by encouraging community resource exploration.

Employer Taxes

When your employer hires a community support worker to provide hourly services, an additional 10 percent cost needs to be added to the budget, for each hour of work being paid to the service provider. This additional cost goes on the My Spending Plan Worksheet. This additional 10 percent is the employer's share of Social Security, Medicare, and Federal and State unemployment taxes. The participant is responsible for paying these taxes as an employer under the Self-Directed Community Supports option.

The fiscal employer agent includes a chart in their enrollment packet which helps calculate employer taxes based on an hourly rate of pay. Your employer can use this chart when filling out their Support and Spending Plan budget amounts.

Your employer does not pay employer taxes for independent contractors, vendors or agencies.

Calculating Sales Tax

Your employer will need to pay sales tax on items (goods) they purchase from a vendor. The only exception to this is in the case of items which are prescribed by a professional health practitioner.

Your employer may need to purchase specific goods to help them remain as independent as possible in the community. For example, your employer may need to purchase a microwave because they are unable to use a stove. They can use a microwave to safely cook hot meals for themselves. This would be an allowable expense because it will help them remain in the least restrictive and most normal setting.

For example: Your employer needs to include the price of the microwave on their Support and Spending Plan. In addition, they must calculate the sales tax and include that in the total cost. So, if the microwave costs \$50.00, your employer must put the total amount needed, including sales tax, on their plan: The total cost would be \$53.00, given a six percent sales tax.

Tax Exempt Items

Items prescribed by a physician, surgeon, podiatrist, chiropractor, dentist, optometrist, psychologist, ophthalmologist, nurse practitioner, denturist, orthodontist, audiologist, or hearing aid dealer or fitter may be tax exempt.

Tax exempt items include:

- Prescription drugs.
- Braces and other orthopedic appliances.
- Catheters and similar supplies.
- Diabetic monitoring and testing supplies and equipment.
- Prosthetic devices.
- Other durable medical equipment.

If your employer routinely uses the above items, please check to see that they have a prescription from their physician. They can then buy these items without paying sales tax. The prescription must be provided to the appropriate vendor for filling. If you are not sure if an item falls under this category, check with your employer's physician or with your local vendor. They should be able to tell you.

Developing the Support and Spending Plan: What Must Be Included?

According to IDAPA 16.03.13, the participant, with the help of his support broker, must develop a comprehensive support and spending plan based on the information gathered during the person-centered planning meeting. The Support and Spending Plan is not valid until authorized by the Department and must include the following:

- Active treatment goals: Goals must support the participant in their choice to live as independently as possible in the community. Goals must be concrete, realistic, and meet the definition of active treatment. The program must be directed towards the acquisition of behaviors necessary for the participant to function with as much self-determination and independence as possible and the prevention or deceleration of regression or loss of current optimal functioning.
- If a participant is capable of performing any task/part of a task without paid support it must be stated.
- If there are natural supports available for assistance, they must be identified.
- Paid supports must be medically necessary as per Medicaid standards.
 - Paid or non-paid self-directed community supports must focus on the participant's wants, needs and goals in the following areas:
 - Personal health and safety including quality of life preferences;
 - Securing and maintaining employment;
 - Establishing and maintaining relationships with family, friends, and others to build the participant's circle of supports;
 - Learning and practicing ways to recognize and minimize interfering behaviors; and
 - Learning new skills or improving existing ones to accomplish set goals.
- Support needs such as:
 - Medical care and medicine;
 - Skilled care including therapies or nursing needs,
 - Community involvement;
 - Preferred living arrangements including possible roommate(s); and
 - Responses to emergencies including access to emergency assistance and care. This plan should reflect the wants, preferences, and needs of the whole person, regardless of payment source, if any.
- Documentation of "goods and services on must address the following:

- How “goods and services “increase independence or provide a substitute for human assistance; and decrease the need for other Medicaid services
 - Annual plans must not include both a request to purchase individual goods and services as a substitute for human assistance and a request for the same assistance from person.
 - If goods and services have previously been approved and purchased as a substitute for human assistance, the participant should not later request the assistance of a person for that same support with out appropriate documentation to justify the additional personal support.
- In certain circumstances, a Support and Spending plan may identify the need for two (2) CSW’s to complete the same task at the same time during any part of the support schedule. A Care Manager may authorize this request when there is attached documentation that supports the following:
 - The participant’s health and safety cannot be assured without a second CSW. (What are the barriers to health and safety without the use of the second CSW?) and
 - The Support and Spending Plan costs are within the participant’s assigned budget. and
 - The use of the second CSW provides for the participant’s needs without using a more costly support.
 - The “Two CSW Form” must be completed when two CSWs bill at the same time for the same task and must be attached to the Support and Spending plan. The use of two CSW’ must also be noted within the My Support Plan sections of the plan and on the employment agreements for each CSW.
 - Care Mangers will approve this request on a case by case basis. They will submit the “Two CSW Form” along with the Support and Spending Plan Authorization to the FEA.
 - The FEA will use the “Two CSW Form “as a trigger to by-pass their security protocol. In these instances, paper time sheets must be sent and requires a manual review of all the time sheets being submitted for that participant.
- Risks or safety concerns in relation to the identified support needs on the participant’s plan. The plan must specify the supports or services needed to address the risks for each issue listed, with at least three (3) backup plans for each identified risk to implement in case the need arises;
- Sources of payment for the listed supports and services, including the frequency, duration and main task of the listed supports and services; and

- The budgeted amounts planned in relation to the participant's needed supports. Community support worker employment agreements submitted to the fiscal employer agent must identify the negotiated rates agreed upon with each community support worker along with the specific support being purchased, the frequency and duration that the support will be provided, and the payment increment. The fiscal employer agent will compare and match the employment agreements to the appropriate support categories identified on the initial spending plan prior to processing time sheets or invoices for payment.

Identifying Related Risks

As you help your employer fill out the *My Voice My Choice Workbook*, you will notice that there are many prompts to help identify risks. A risk is a hazard that could endanger your employer's health or safety. The prompts include questions about health and safety. These questions help you identify possible risks. Some of the prompts having to do with health and safety include:

- "Who knows about your health and safety needs?"
- "Are there any relationships you are uncomfortable with?"
- "What help do you need at home to make sure things get done that are important to you and your well being?"

For example: If your employer needs a community support worker to supervise them to take their medication and prepare a meal every morning, they may be at risk if the community support worker unexpectedly does not come to work.

You need to identify this risk on the My Health and Safety Plan Worksheet and you will need to identify three realistic backup plans for this risk.

For example: If a community support worker does not show up to work, in the plan it may be written that:

- The participant has the ability to phone their guardian and the guardian agrees to handle the problem.
- The participant has a back-up community support worker who is available for emergency service and the participant has the ability to phone this community support worker.
- The participant has the ability to get a next-door neighbor who has agreed to act as back-up in an emergency situation.

The safety and backup plans are based on your employer's needs for services to avoid a risk to health or safety.

The Risk Identification Tool

There is a checklist available in Appendix D to help you and your employer identify risks. Any risks identified should have a corresponding Support and Spending Plan that addresses the risk. However, depending on the nature of the support provided to lower the risk, there may not be an issue of "immediate jeopardy". It is only when there is an "immediate jeopardy" to the participant's health and safety that a back-up plan has to be

developed. In those instances, three back-up plans need to be created and made available.

Many people with developmental disabilities are at high risk for the following health-threatening conditions:

- Seizures.
- Dehydration.
- Constipation.
- Choking.

If your employer has a history of these conditions, be sure to consult with their physician and include safety plans in their Support and Spending Plan.

Support and Spending Plan Limitations

According to IDAPA 16.03.13.160, the Support and Spending Plan limitations include:

- Traditional Medicaid waiver and traditional rehabilitative or habilitative services must not be purchased under the My Voice My Choice option. Because a participant cannot receive these traditional services and self-directed services at the same time, the participant, the support broker, and the Department must also work together to assure that there is no interruption of required services when moving between traditional services and the My Voice My Choice option.
- Paid community supports must not be provided in a group setting with recipients of traditional Medicaid waiver, rehabilitative or habilitative services.
 - This limitation does not preclude a participant who has selected the self-directed option from choosing to live with recipients of traditional Medicaid services.
 - This limitation does not preclude a participant from participating in community social or other events with their peers. However, a participant in the My Voice My Choice option cannot receive services in a traditional developmental disabilities agency center.
- All paid community supports must fit into one (1) or more types of community supports described ... [in statutes]. *Community supports that are not medically necessary or that do not minimize the participant's need for institutionalization must only be listed as non-paid supports.* Additionally, the Support and Spending Plan must not include supports or services that are illegal, that adversely affect the health and safety of the participant, that do no harm, that violate or infringe on the rights of others.
- Support and Spending Plans that exceed the approved budget amount will not be authorized.
- Time sheets or invoices that are submitted to the fiscal employer agent for payment that exceed the authorized Support and Spending Plan amount will not be paid by the fiscal employer agent.

Writing the Plan

The following list may help you when you begin writing the plan:

- Have your employer identify who is in the circle of support.

- The circle of support is involved with developing and creating the plan.
- Review the *Guide to a Self-Directed Life*.
- Review the *My Voice My Choice Workbook*.
- Ensure the *My Voice My Choice Workbook* is filled out.
- Know the amount for the annual individualized budget.
- Know what services and supports (allowable expenses) can be purchased with Medicaid funds.
- Review the usual rates for services.
- Explore and identify natural supports, community resources, and low-cost alternatives.
- Know what must be included in the Support and Spending Plan.
- Identify the risks and backup plans.
- Make a list of your employer's specific goals that they want to accomplish during the plan year and their needs, as identified in their *My Voice My Choice Workbook*.
- Have your employer and the circle of support identify how to access community resources.
- Identify what times and days your employer may want/need supports and services.
- Ask questions about how often they might need extra help.
- Find out if your employer needs any paid support during vacations.
- Identify what your employer can do for themselves.
- Ask your employer if they are in agreement with the information in the *My Voice My Choice Workbook*. If they do not agree, keep working with them and their Circle of Support until they do agree with what has been created.

Once you have completed all the steps and located the above information, use the *My Voice My Choice Workbook* to transfer information to the Support and Spending Plan. The plan has instructions for completing each step. Once the budget pages are complete, submit the *My Voice My Choice Workbook* and Support and Spending Plan to the regional care manager.

Tips for filling out the Support and Spending Plan:

- Read all the instructions. Make sure all pages are complete and correct.
- Identify specific, concrete goals that can be accomplished within the one year annual plan time frame.
- Type the plan.
- If a particular category of service will not be used, draw a line through that section so the regional care manager knows that it has been omitted.
- Your employer and the circle of support decide what service goes under what category.
- The fiscal employer agent expenditure must be included in the budget. This annual amount is written on the Plan Authorization sheet in the top left-hand corner.
- The total costs of the support broker and all community support workers must be included. These annual amounts are recorded on the plan authorization sheet in the top left-hand corner.

- Include employer taxes and sales taxes as needed for each category, and in the total annual amounts.

In the Meantime: Your Employer's Service Needs

Your employer will submit their Support and Spending Plan to the regional care manager for authorization. While they are going through this process, they still need to have the usual services. If this is the first time your employer is accessing the consumer-directed services option, they may have an Individual Service Plan which is still active.

The current plan developer/service coordinator needs to be actively involved in ensuring that your employer's services continue. If your employer needs to request an extension, the service coordinator is the person to make sure this gets done.

TIP: The My Voice My Choice option does not have the ability to extend service plans. The participant will receive a notice regarding eligibility re-determination 120 days prior to the end of the plan year. After eligibility for the program is re-established, you and your employer have 90 days to complete a new Support and Spending Plan. It is important that you complete a new Plan and submit to the regional care manager for review 45 days prior to the end of the current plan year.



Navigating the Future!

Knowing who to contact for updated information is important. The Idaho Council on Developmental Disabilities has a lot of information on current events and upcoming changes.

Contact them at:

802 W. Bannock, Suite 308 Boise, Idaho 83702
(208) 334-2178

Email: icdd@icdd.idaho.gov

Web: www.icdd.idaho.gov

CHAPTER FOUR: GETTING THE PLAN AUTHORIZED



Make sure the Support and Spending Plan reflects your employer's goals and that it will help them become who they want to be. Use the regional care manager as a sounding board or reference as needed. Remember: the complete Plan must reflect the concepts of active treatment and person centered planning.

Presenting the Plan to the Regional Care Manager

The participant and the support broker submit a Support and Spending Plan to the regional care manager for review forty-five (45) days prior to the start date of the plan. The care manager has ten (10) business days to review the plan and respond. Make sure you or your employer keep a copy of all documents that are submitted.

The care manager reviews the plan using the following criteria:

- Services and supports must meet the guidelines for allowable expenses.
- Services and supports must not exceed the approved budget amount.
- The *My Voice My Choice Workbook* must be included with the Support and Spending Plan.
- The completed My Health and Safety Plan form must be included in the Workbook. Any risks identified on the form or on the Risk Identification Tool must have a corresponding My Support Plan.
- Each service or support must include the source of payment, frequency, duration, desired goal associated with the listed support or service, and annual cost associated with each support or service.
- A support broker must be listed on each Budget Summary Sheet.
- The fiscal employer agency must be listed on the Budget Summary Sheet.
- An Agreement to Self-Direct form must be attached to the Support and Spending Plan.
- Support and Spending Plan and Budget Summary Sheet must be typed.
- Each field on the Support and Spending Plan must be completed, even if only with the designation N/A (Not applicable).
- Informed consent statement on the demographic page must be signed and dated.

If participant is receiving any care in the home of the community support worker then that home must be certified as a Certified Family Home by the Department of Health and

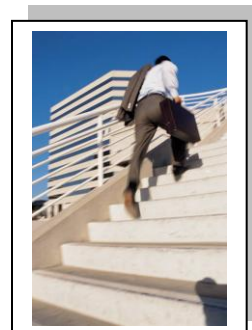
Welfare. The home must follow all the Rules governing Certified Family Homes. These Rules are found in IDAPA 16.03.19 Rules Governing Certified Family Homes and include:

- Supervision: Appropriate, adequate supervision for twenty-four (24) hours each day unless the resident's plan of service provides for alone time.
- Daily activities and recreation: Daily activities, recreational activities, maintenance of self-help skills, assistance with activities of daily living [i.e. The performance of basic self-care activities in meeting a participant's needs to be sustained in a daily living environment, including bathing, washing, dressing, toileting, grooming, eating, communicating, continence, managing money, mobility and associated tasks] and provisions for trips to social functions, special diets, and arrangements for payments.
- Medical: Arrangements for medical and dental services and monitoring of medications.
- Furnishings and equipment: Linens, towels, wash cloths, a reasonable supply of soap, shampoo, toilet paper, sanitary napkins or tampons, first aid supplies, shaving supplies, laundering of linens, housekeeping service, maintenance, and basic television in common area.
- Plan of service: Development and implementation of the plan of service for private-pay residents and implementation of the plan of service for state-funded residents.
- Activity supplies: Activity supplies in reasonable amounts that reflect the interests of the resident.
- Transportation: Arrangement of transportation in reasonable amounts to community, recreational and religious activities within twenty-five (25) miles of the home. The home must also arrange for emergency transportation.
- Room, utilities and meals: The home must provide room, utilities and three (3) daily meals to the resident. The charge for room, utilities and three (3) meals must be established in the admission agreement.

A copy of the community support worker's current Certified Family Home certificate must be submitted along with the Support and Spending Plan when 24 hour care is being provided to the participant in the home of the community support worker.

Take the Next Step:

After reviewing the Support and Spending Plan, the Regional Medicaid Care Manager can either approve the plan, recommend changes needed to approve the plan, or deny the plan. Make sure you and your employer are ready for any outcome.



Approval of the Plan

If the Support and Spending Plan is approved, the Regional Medicaid Care Manager does the following:

- Sends the participant and support broker a copy of the Support and Spending Plan approval letter and a copy of the Support and Spending Plan.
- Sends the fiscal employer agent a copy of the Support and Spending Plan Authorization.
- Pre-authorizes the budget associated with the approved Support and Spending Plan.
- Deactivates any outstanding prior authorizations for traditional services, if the participant was currently on the Developmental Disabilities Waiver,

Recommended Changes

If the Support and Spending Plan is not approved as submitted, the care manager will call or send a letter to the participant and their support broker with the following information:

- Reasons why the Support and Spending Plan was not approved.
- Instructions for re-submitting the plan to the care manager if modifications are to be made to the plan.
- Instructions to request an Administrative Appeal, should the participant decide they do not want to modify and re-submit the plan.

If the re-submitted plan is approved, the care manager follows the approval process.

When the Plan is Denied

If a Plan is denied, the care manager sends a letter of denial to the participant and their support broker. The letter includes the participant's right to file a request for an Administrative Appeal. The participant has 28 days to file a Request an Appeal. The participant sends the request to Administrative Procedures at Health and Welfare at the address identified on the Notice of Decision. The participant also needs to include any documentation to support their request for an Appeal.

If the participant does appeal within 28 days, the Rules Governing Case Proceedings and Declaratory Rulings (IDAPA 16.05.03) will be followed. The appeal rights and how to access the process is included in the Denial Notice that the participant receives when their Support and Spending Plan is denied.

Administrative Appeal Request

The Request for an Administrative Appeal is reviewed by the Bureau of Developmental Disability Services. The Bureau has 15 days to review the documentation that is presented with the request and to arrive at a decision. If the Bureau overturns a regional decision to deny a plan, the original care manager completes the following within three business days of receiving the decision:

- Sends the participant and the support broker a copy of the Support and Spending Plan approval letter and a copy of the Support and Spending Plan.

- Sends the fiscal employer agency a copy of the Budget Summary Sheet.
- Pre-authorizes the budget associated with the approved Support and Spending Plan.
- Deactivates any outstanding prior authorization for traditional services.

If the Division of Medicaid upholds a regional decision to deny a plan, the Division of Medicaid sends a Notice of Denial to the participant and their support broker. A copy of the Notice is also sent to the regional care manager. At this point a participant can elect to receive Developmental Disability Waiver Services through the traditional pathway. Contact information regarding the traditional pathway will be included in the denial letter.



Q: What happens if the current plan expires before a new plan gets authorized?

A: First: Make sure to get the new plan to the care manager 45 days prior to expiration of the current plan, to give everyone plenty of time for review and changes as needed. If the participant's plan doesn't get authorized by the expiration date, the participant has the choice to return to traditional Medicaid DD Waiver services while continuing to negotiate a new Support and Spending Plan.

CHAPTER FIVE: THE ROLE OF THE FISCAL EMPLOYER AGENT



What Does the Fiscal Employer Agent Do?

The fiscal employer agent:

- Provides enrollment packets to participants, including employment forms for employees.
- Provides training on the enrollment process and employment forms.
- Checks to ensure that employees are not on the Medicaid Exclusion List.
- Provides payment for all authorized services and goods that the employer receives through the My Voice My Choice Option including taxes to state and federal taxing bodies on behalf of the employer.
- Provides monthly expenditure reports to the employer and the care manager.
- Handles complaints and issues related to payroll and purchase problems.
- Provides other reports that the Department needs to monitor the quality of the service.

The enrollment packets include forms that allow the fiscal employer agent to act as a payroll agent for the individual and to pay their employees. The packet includes all the specific tax forms for the employees, employment agreements, and Waiver forms. Participants can get a packet from their regional Medicaid care manager or fiscal employer agent by phone or by attending training. The regional trainer for My Voice My Choice contacts the fiscal employer agent representative to set up group trainings.

What Does the Fiscal Employer Agent Need to Do Their Job?

The fiscal employer agent needs the following in order to process payroll and requests for vendor payments:

- Support and Spending Plan Authorization sheet from the regional Medicaid care manager after it is approved.
- Notification from Medicaid that prior authorization for specific service codes have been entered into the Medicaid payment system.
- Complete and correct employment agreements for each employee.
 - Current certification or licensure for each employee as required.
 - Current Criminal History Background Check clearance for each employee as required, or Waiver of Criminal History Check.
- Complete and correct Medicaid employee agreements for each employee.
- Complete and correct tax forms, including the W-4 and the I9.
- An accurate and signed time sheet for each employee.

- A voided receipt and Request for Vendor Payment for each purchase of goods (see next section).
- An agreement between the insurance company and the employer regarding Worker's Compensation Insurance, if requested.

If an employee submits a time sheet and does not have proper authorization for billing, or the time sheet exceeds the amount authorized, the fiscal employer agent will not pay the employee. The fiscal employer agent will contact the employer and notify them of the situation.

How Does the Fiscal Employer Agent Pay for Purchased Goods?

When your employer needs to purchase an item that is authorized by their plan and covered under their individualized budget, the fiscal employer agent pays the bill for the item. Your employer must take the following steps to ensure payment for goods and services:

- Go to the local vendor and request a voided receipt for the particular item they want to purchase.
- Fill out the Request for Vendor Payment form (this form is in the enrollment packet).
- Mail the voided receipt with the Request for Vendor Payment form to the fiscal employer agent.
- The fiscal employer agent will send your employer a check for the exact amount that is on the voided receipt. (The check will be made out to the vendor and the stub attachment will state specifically what the check is for.)
- The fiscal employer agent will not reimburse your employer for a purchase they have already made.
- The fiscal employer agent will not send a check for an item that is not specified and authorized on the plan.
- Once your employer receives the check they will take it to the vendor and purchase the item(s).
- Your employer must save the receipt for the item and attach it to the stub attachment which states what the check is for. (The receipt will be checked by Medicaid and it must match the attachment for the specific item that was authorized.)

An employment agreement is needed and must be submitted whenever the vendor is also an independent contractor or an agency. Use the appropriate employment agreement to specify the number of hours, job tasks and wage. Submit the employment agreement with the Request for Vendor Payment to the fiscal employer agent.

CHAPTER SIX: THE COMMUNITY SUPPORT WORKERS



What is a Community Support Worker?

Idaho Administrative Procedures Act (IDAPA) Rule 16.03.13, defines a community support worker as: An individual, agency, or vendor selected and paid by the participant to provide community support worker services. Services are defined as:

- Job support to help the participant secure and maintain employment or attain job advancement;
- Personal support to help the participant maintain health, safety, and basic quality of life;
- Relationship support to help the participant establish and maintain positive relationships with immediate family members, friends, spouse, or others in order to build a natural support network and community;
- Emotional support to help the participant learn and practice behaviors consistent with his goals and wishes while minimizing interfering behaviors;
- Learning support to help the participant learn new skills or improve existing skills that relate to his identified goals;
- Transportation support to help the participant accomplish his identified goals; transportation support can be paid for through reimbursement for miles driven and/or through hourly wage;
- Adaptive equipment identified in the participant's plan that meets a medical or accessibility need and promotes his increased independence; and
- Skilled nursing support identified in the participant's plan that is within the scope of the Nurse Practice Act and is provided by a licensed professional (RN) nurse or licensed practical nurse (LPN) under the supervision of an RN, licensed to practice in Idaho.

In addition, IDAPA Rule states if the identified support requires specific licensing or certification within the State of Idaho, the identified community support worker must obtain the applicable license or certification.

A paid community support worker can not be the spouse of the participant and must not have direct control over the participant's choices, must avoid any conflict of interest, and cannot receive undue financial benefit from the participant's choices.

Community support worker duties and responsibilities include:

- Prior to providing goods and services to the participant, the community support worker must complete the packet of information provided by the fiscal employer agent and submit it to the fiscal employer agent. When the community support worker will be providing services this packet must include documentation of:
 - A complete criminal history check, including clearance in accordance with IDAPA 16.05.06, “Rules Governing Mandatory Criminal History Checks” or documentation that this requirement has been waived by the participant. This documentation must be provided on a Department approved form and must include the rationale for waiving the criminal history check and describe how health and safety will be assured in lieu of a completed criminal history check. Individuals listed on a state or federal provider exclusion list must not provide paid supports;
 - The fee for the criminal history check cannot be paid for by Medicaid funds.
 - A completed employment agreement with the participant that specifically defines the type of support being purchased, the negotiated rate, and the frequency and duration of the support to be provided.
 - Current state licensure or certification is needed if identified support requires certification or licensure; and
 - If required, a statement of qualifications to provide supports identified in the employment agreement.
- The community support worker must track and document the time required to perform the identified supports and accurately report the time on the time sheet provided by the participant’s fiscal employer agent or complete an invoice that reflects the type of support provided, the date the support was provided, and the negotiated rate for the support provided. This documentation should also be maintained for Quality Assurance purposes.
 - When the community support worker fills out their time sheet, they are indicating that they fulfilled all duties and obligations identified on the employment agreement. By signing and submitting the timesheet, the employer is verifying that the community support worker fulfilled those obligations. Signing and submitting an incorrect or falsified time sheet constitutes Medicaid fraud.

Helping Your Employer Find Workers

You may be asked by your employer to help them find a community support worker. This can involve helping the employer learn and implement the skills necessary to recruit, hire, and train a community support worker. These are the steps that should be taken during this process:

- Review Chapter 2 regarding the support broker Employment Agreement: Make sure you have defined the scope of the task with your employer and written it into the Employment Agreement, and agree on the amount of hours that the employer will pay to have you help with the recruitment and hiring of the community support worker(s).

- Define the specific tasks the support broker will need to perform: Tasks may include helping the employer develop a job description, place an ad, contact the local Job Service, interviewing, and/or writing an Employment Agreement.

Define the Scope of the Community Support Worker Job

- Specify exactly what your employer's needs are: What will the community support worker do for the employer.
- Define the skills needed for a community support worker to meet those needs: Do they need training, education, licensing, or certification in special areas?
- Identify any desired education, experience or specific physical abilities necessary for the job (i.e. if the job involves heavy lifting, specify how much and how often).
- Specify whether or not the Community Support Worker will need to have a vehicle.
- Decide whether a criminal history check is warranted for the particular position (refer to Appendix E: Waiver of Criminal History Check.).
- Help your employer write a draft of the employment agreement to serve as a guide.
 - Identify the frequency and duration of the service for each day, week, or month.
 - Help your employer decide on a pay range that is within their budget (remember to add in additional employer tax expenses).
 - Remember: The pay range must not exceed the prevailing market rate, as per IDAPA Rule 16.03.13.120.03.

Writing a Job Description

It is important to define job specifics and requirements as well as how many hours and what type of support is needed so that the ad will attract the right person, for the right job.

- State the name of the job first (i.e. "driver" or "personal care attendant" or "home and yard light maintenance").
- Identify specific duties, hours, and days of the week the service is needed (i.e. "driver needed to transport person with disabilities Monday – Friday to and from job site; pick up at 9:00 am and 3:00 p.m., two hours a day").
- State the location of the job if this is relevant (i.e. "Employer lives in Garden City and job is also in Garden City").
- Identify any necessary requirements (i.e. "Must have driver's license, insurance, reliable vehicle, and telephone. Must be at least 21 years of age, and be able to pass a criminal history check").
- State the hourly wage (i.e. "\$6.75 per hour").
- List contact name and phone number.

Finding Staff

There are many methods that can be used to find a good community support worker for your employer. Make sure to talk to your employer about their ideas.

- Your employer might already have someone in mind.
- Your employer might have some ideas about where to find community support worker(s).
- Ask your employer's circle of support for ideas, help, and referrals.
- Advertise at the local Job Service.

- Advertise in the local newspaper.
- Advertise on the internet.

Negotiating Duties and Wages

Once your employer has located a person who wants to work as a community support worker, the next step is to complete an employment agreement. There may be some negotiation involved regarding the duties, hours, and wages. Help your employer to fill in a draft of an employment agreement. This document can serve as a guide.

Review ‘Negotiation’ in Module D, Section 3, of the *Support Broker Training Curriculum*. The end result of whatever negotiation takes place will be the employment agreement contract.

Medicaid dollars can only be used for services that are provided. The Self-Direction Waiver does not allow your employer to pay for sick time, vacation, over-time or holidays.

Navigating the Future!

It is a good idea to offer a starting wage below the authorized funding so that the employer can give a merit and/or longevity raise in the future!

future?

Waiving the Criminal History Background Check

Your employer has the option to waive the criminal history background check for a community support worker. This means that your employer can choose not to have a criminal history background checked on a particular worker. However, if your employer chooses this option, they have to submit a written statement explaining their choice. The statement is attached to the Employment Agreement template. The statement must explain how the participant’s health and safety will be protected if they choose to waive the criminal history background check. As a support broker, you are responsible for discussing the risks of waiving a criminal history background check with your employer.

Review *Appendix E* about the Medicaid policy regarding criminal history background checks and waiving them. You will sign the waiver form with your employer indicating that you have addressed the issue with them. Community support workers listed on a state or federal provider exclusion list cannot provide paid supports even if the criminal history background check has been waived by the employer.

Listed below are some reasons that your employer might get a criminal history background check completed on a person before hiring them as a community support worker:

- The community support worker will be working in the home or directly with the participant when no one else is around.
- The participant may keep cash in the home.
- The participant may be vulnerable to suggestions and may have been taken advantage of by people in the past.
- The community support worker is not well known to the participant or their Circle of Support.

Listed below are some reasons that your employer might want to waive a criminal history background check:

- The community support worker is employed for a short period of time to do a specific task and does not interact directly with the participant in their home.
- The community support worker will not be in direct contact with the participant without someone else also being present at all times.
- The community support worker is well known to the participant and their Circle of Support and there are no concerns.

Helping Your Employer Get the Most from Their Employees

Review the *Guide to a Self-Directed Life* with your employer. The guide will help your employer find and keep the right worker.

Hiring

Now that your employer has identified a community support worker and completed the Employment Agreement, the new employee needs to submit their entire packet, including either the criminal history check or the waiver of criminal history background check, to the fiscal employer agent. Once this is done and the fiscal employer agent has issued an employee ID number to the community support worker, the community support worker can begin working for the participant.

Teaching the Participant to be a Good Employer

The support broker may be asked to help their employer supervise and monitor the community support workers. Employers vary greatly in their ability to manage their employees. What can you do to help maximize your employer's ability to manage? You can help your employer become more independent in their role:

- Develop a written list of rules and expectations of the employee.
- Reiterate that the employment agreement is an 'at will' contract and explain what it means to be an 'at will' employee.
- Review the terms and conditions of the employment agreement with your employer.
- Update job requirements as needed. (A new employment agreement needs to be completed if job duties or categories change or the hourly wage changes.)
- Set up a regular time to discuss issues and concerns between the community support worker and the employer.
- Keep written records of all meetings between the employer and the community support worker.
- Establish review periods and decide what, and how, tasks will be reviewed (remind your employer to keep records of the reviews).

- Make sure that regular documentation is kept of hours worked and what services were provided.
- Encourage consistency regarding expectations of the community support worker.
- Actively discourage any abuse or exploitation of the community support worker, intentional or accidental, by the employer, and help your employer to keep personal boundaries.
- Encourage pro-active problem solving.
- Set up regular times and methods to reinforce positive work habits, attitudes, and task completion.
- Identify training opportunities for the community support worker that are free or to which the employer can contribute.
- Set a good example; encourage your employer by modeling positive and pro-active communication with the community support worker.

Monitor Your Employer's Satisfaction

You are expected to talk to your employer about their general satisfaction with their services on a regular basis. Build this into your routine visits. Handle problems immediately. IDAPA Rules state that the support broker will, 'submit documentation regarding the participant's satisfaction with identified supports as requested by the Department.' If the community support worker is doing their job well, you and your employer should be able to document it. Use the Service Satisfaction Survey to record your employer's concerns and feelings. A template of the survey is attached in *Appendix C..* Listed below are some suggestions for using the Service Satisfaction Survey:

- Save the results of the survey; you may be asked to provide the results to the Department's Quality Assurance Team.
- Help your employer review the results with the community support worker.
- The results of the survey can be used to discuss problems, concerns, or to justify raises.
- Use the results and the discussion to modify the employment agreement or specific tasks and plans, as needed.

Navigating the Future!

Review your employer's satisfaction with their community support workers at least three times a year. We recommend calendaring the reviews every three or four months.

future?

An annual individual participant review is conducted by the Department. This process ensures that participants continue to receive the right services for them. As a support broker, your work will also be monitored. Your employer will be asked to participate in a satisfaction survey conducted by the Department. Problems or issues regarding your performance as a support broker will be addressed by the regional Medicaid Bureau of Developmental Disabilities Services team.

Reviewing the Community Support Worker's Time Sheet

Your employer may ask you for help reviewing community support worker time sheets. Your employer has to sign each time sheet before the community support worker can get paid. The employer has the responsibility to make sure the time sheet accurately reflects dates, hours, and category of service actually provided. If they have trouble understanding the time sheet, help your employer with this task (you and your employer will need to have included this task on your Employment Agreement). Also, find out if there are natural supports that can help your employer or if you can provide training or aids which will allow them to become more independent. The time sheet includes date of service, times of service, and a service code. The codes are three digits and match the codes used on the Employment Agreement. Time sheets and instructions are provided through the fiscal employer agent.

Remember; help your employer keep a file with copies of important documents. The employer needs to have copies of:

- The complete Support and Spending Plan
- The Guide to a Self Directed Life Workbook.
- All workers' employment agreements.
- Completed Time Sheets.

Check that the time sheet matches the employment agreements and Support and Spending Plan for category and code of service.

For example: If Bill Jones's employment agreement states he will perform chore services under the category of Personal Supports, the code is PSS. This is the code that needs to be on the time sheet. If Bill uses JSS, he will not get paid.

Check the date(s) of service for accuracy. Did Bill clean the house on the date that is stated on the time sheet? If your employer is unsure, help them create a calendar or some other method to track when their workers come to work. Ask questions like, is Bill supposed to come once a week and when did he last come? Use your own observations to judge the situation. For example: Does the house look like it has been cleaned in the last week?

Check that the amount of hours for the service appears to be a reasonable match for the annual amount that has been allotted on the authorization sheet. If the authorization sheet states that chore services will cost \$1,300 a year and your employer tells you that Bill is supposed to come once a week, and that he pays Bill \$6.25 per hour, use a calculator to determine if the information is reflected accurately. Bill should be working about three hours a week. The time sheet should reflect that.

If something doesn't look right to you, ask your employer what they would like you to do about it. Encourage your employer to talk to their circle of supports. Help the employer and the circle look at options and resolve any problems. Do not take immediate responsibility or control of the situation unless:

- You think it will result in immediate threat to the health or safety of your employer.
- You think it constitutes Medicaid fraud.

In either of these cases, you must take immediate action. You are mandated to report abuse, neglect, or exploitation, and to report Medicaid fraud. Call Adult Protection or law enforcement in the case of abuse, neglect, or exploitation, and call the Regional Care Manager if you suspect Medicaid fraud.

Immediate Risk to Health and Safety

You might discover that something that a worker is or is not doing can result in an immediate risk to the health and safety of your employer. A worker may be endangering your employer through specific behaviors on their part or omission of services. They may not have sufficient training or they may be purposefully exploiting your employer. Your employer might feel bad for reporting problems and you might only find out by reviewing time sheets. You have to report the problem if you think there is an immediate danger.

Nursing and other health related services may be essential to your employer's health and safety. If services are not being provided that should be, report your concerns immediately to your employer, their Circle of Support, and the Regional Care Manager.

Brain Ticklers

Here are some scenarios that might occur: What would you, as the support worker, do?

- You get a phone call from the community support worker: They have been pulled over by the police while they are driving the participant to work and they are afraid they are going to get arrested. They forgot to tell anyone there was a warrant out for them on an old problem they “forgot” to go to court about.
- The participant calls you: Their community support worker never showed up for work today.
- You hear after the fact that a community support worker dropped the participant off at their home and didn't check to make sure anyone else was there... and there wasn't.
- The community support worker tells you that a few weeks ago they thought another worker did something unethical with the participant.
- You find out that a community support worker is doing their own errands and chores while “on the clock” instead of providing services to the participant.
- You suspect that a community support worker is engaging in inappropriate behaviors with the participant.
- The participant tells you that he thinks a community support worker stole money from him.
- You accidentally find out that the community support worker doesn't have any insurance on the car they are using to transport the participant to and from shopping and other activities.
- You suspect that abuse or neglect might be occurring by a specific worker.

Preparing For the Worst

Take preventive measures ahead of time. Remember, for each identified risk, identify at least three back up plans. Use them as needed.

- Have a list of natural supports and phone numbers handy; use natural supports if possible when the workforce is not fully staffed.
 - If your employer doesn't have any natural supports, make a goal to develop some.
- Discuss possible crisis situations with your employer, their circle of support, and their community support workers ahead of time. Prepare them to cope with emergencies, role-play, and identify hypothetical solutions.
- Create a list of community resources such as food banks, churches, senior centers, etc.
- Keep a file on substitute community support workers; people who have passed the criminal history check and who want part-time work.
- Ensure your employer has an accessible method to get hold of you or a natural support as needed.
- Network with other support brokers to share resources.
- Call the local Council on Developmental Disabilities Self-Advocates at: Toll free: 1-800-544-2433 or Boise area: 208- 334-2178. They can provide helpful advice and resources.
- Maintain a working relationship with the regional Medicaid care manager and/or quality assurance staff; they may be able to help with additional resources.

You Have a Back-Up Plan, But Things Still Go Wrong Now What?

Is it an emergency or is it life threatening; if yes, call 9-1-1. Do not wait to see if you can handle this yourself.

- If the situation does not place your employer's health and safety in immediate danger, take the time to consult with your employer and their Circle of Support to identify a solution together.
- Recurring crises may indicate a need to submit a Change of Plan, need for an increase in specific services, or a change in the category of service.
- Abuse, neglect, exploitation, and abandonment issues must be reported immediately to either law enforcement or adult protection.
- Identify root causes and look for solutions.
- Respond positively to a crisis situation.
- Consider all pieces of the puzzle and be creative in your solutions.
- Ask questions.

Dismissing Staff

You may have to help your employer dismiss their community support worker(s) which can be a painful, embarrassing, or difficult task. Remember to:

- Document.
 - Keep copies of the Participant Experience Surveys. If there are on-going problems with minor issues such as lateness, inappropriate behaviors or language, record them. If your employer gives an employee a verbal warning or asks you to do it for them, put it in writing and ask your employer or their guardian to sign and date it.
- Get your employer or their guardian involved.

- Except in cases which present a threat to health or safety, your employer makes the final decision. If they are uncomfortable with an attitude or behavior displayed by a community support worker, talk about it with them, help them to identify the issue, and encourage them to talk to the community support worker about it.
- Ask your employer to get feedback from their Circle of Support about the issues that concern them with a community support worker.
- Attempt correction first.
 - If the issue is an on-going minor annoyance, which is not immediately threatening to safety or health, attempt a plan of correction first.
 - Encourage your employer to identify what action might resolve the problem and discuss it with the community support worker.
 - Set a specific, measurable and objective benchmark, “Within the next month, you will not be more than ten minutes late to work and you will call ahead of time if you are going to be late”.
 - Write down the plan of correction and have everyone sign it.
- Be direct and calm.
 - Stay calm. If you feel you are getting angry or defensive, stop the discussion.
 - Help your employer stay calm by being a good role model. End the conversation if your employer gets emotionally upset.
 - Stay objective while facilitating and assisting your employer.
 - If your employer wants help making a decision, remain objective and help them explore their options.
- Put it in writing.
 - If your employer decides that a community support worker needs to be dismissed, help them put it in writing. It can be very simple and the employer does not need to give a reason if they do not want to. Date and have your employer sign the memo.
- Have a back up plan.
 - Make sure you have a back up plan. When a community support worker is dismissed it may leave a gap in the services your employer needs. You may need to have a back up plan in place immediately.
- Report the termination of employment to the fiscal employer agent. You will be given a form on which to report the termination.

Reporting Abuse, Neglect, or Exploitation

Idaho Statutes; *Title 39; Health and Safety Chapter 53; Adult Abuse, Neglect and Exploitation Act; 39-5303. Duty to Report Cases of Abuse, Neglect or exploitation of Vulnerable Adults.*

- (1) Any physician, nurse, employee of a public or private health facility, or a state licensed or certified residential facility serving vulnerable adults, medical examiner, dentist, ombudsman for the elderly, osteopath, optometrist, chiropractor, podiatrist, social worker, police officer, pharmacist, physical therapist, or home care worker who has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected or exploited shall immediately report such information to the commission.

Provided however, that nursing facilities defined in section 39-1301(b), Idaho Code, and employees of such facilities shall make reports required under this chapter to the department. When there is reasonable cause to believe that abuse or sexual assault has resulted in death or serious physical injury jeopardizing the life, health or safety of a vulnerable adult, any person required to report under this section shall also report such information within four (4) hours to the appropriate law enforcement agency.

- (2) Failure to report as provided under this section is a misdemeanor subject to punishment as provided in section 18-113, Idaho Code. Any action taken by the department pursuant to this subsection shall be appealable as provided in chapter 52, title 67, Idaho Code.
- (3) Any person, including any officer or employee of a financial institution, who has reasonable cause to believe that a vulnerable adult is being abused, neglected or exploited may report such information to the commission or its contractors.
- (4) The commission and its contractors shall make training available to officers and employees of financial institutions in identifying and reporting instances of abuse, neglect or exploitation involving vulnerable adults.
- (5) Any person who makes any report pursuant to this chapter, or who testifies in any administrative or judicial proceeding arising from such report, or who is authorized to provide supportive or emergency services pursuant to the provisions of this chapter, shall be immune from any civil or criminal liability on account of such report, testimony or services provided in good faith, except that such immunity shall not extend to perjury, reports made in bad faith or with malicious purpose nor, in the case of provision of services, in the presence of gross negligence under the existing circumstances.
- (6) Any person who makes a report or allegation in bad faith, with malice or knowing it to be false, shall be liable to the party against whom the report was made for the amount of actual damages sustained or statutory damages in the amount of five hundred dollars (\$500), whichever is greater, plus attorney's fees and costs of suit. If the court finds that the defendant acted with malice or oppression, the court may award treble actual damages or treble statutory damages, whichever is greater.

Warning Signs That a Vulnerable Adult May Be a Victim of Abuse, Neglect, or Exploitation

These ‘warning signs’ should not be interpreted as proof that abuse, neglect, or exploitation is occurring. They should serve as indicators that a problem may exist and further investigation or discussion with your employer’s Circle of Support is needed. Any injury or condition that impacts the health and safety of your employer needs to be attended to immediately regardless of whether the cause is known.

Physical Indications

- An injury that has not received medical attention or that has not been properly cared for.
- An injury that is inconsistent with the explanation for its cause.
- An indication of pain or discomfort at being touched.
- Cuts, burns, puncture wounds, scratches, bruises, or welts anywhere on the body of the participant.

- An appearance of dehydration or malnutrition when there is no known cause of such condition.
- A shallow complexion or otherwise abnormal skin coloration.
- Dark circles around eyes, sunken eyes, or cheeks.
- Misuse of medication or inappropriate administration of medication by a caregiver.
- Soiled clothing or bed linens.
- ‘Doctor shopping,’ (i.e., frequent use of hospital emergency rooms or different doctors, community support worker(s), or vendor(s)).
- Chronic lack of necessities such as food, running water, heat, or electricity.
- Chronic lack of personal items such as a comb, soap, clean clothes, etc.
- Imposed isolation (i.e. the participant is discouraged or prevented by a caregiver or other family member from attending community events, church, the senior center, or from seeing friends and neighbors).

Behavioral Indications

- Fear.
- Anxiety, agitation.
- Anger.
- Withdrawal.
- Depression.
- Non-responsiveness, resignation, ambivalence.
- Excuses or implausible explanations, contradictory statements.
- Reluctance or hesitation to discuss certain subjects or to talk about a caregiver, family member, or other person on which the participant is dependent.
- Confusion, disorientation.

Suspect Caregiver Behavior

- Prevents the participant from speaking to or seeing visitors.
- Displays anger, indifference, aggression, or sexually suggestive behavior toward the participant.
- Has a history of substance abuse, sexual predation, mental illness, criminal behavior, or family violence.
- Presents a ‘cold’ demeanor (i.e. shows no affection, or is openly disrespectful of the participant).
- Flirts or uses sexual innuendo to communicate with the participant.
- Makes conflicting statements or offers implausible explanations regarding the participant’s injuries or condition.
- Describes the participant as a burden or nuisance.

Indications of Exploitation

- Frequent expensive gifts to the caregiver from the participant.
- The participant’s personal papers, credit cards, checks, or savings account paperwork is missing.
- The caregiver's name has recently been added to a bank account, deed, or title to property belonging to the participant.

- The participant has numerous unpaid bills.
- There is a new or recently revised will, but the participant is physically or cognitively incapable of writing or revising such a document.
- The participant has no concept of how much monthly income they receive.
- The participant's signature appears on a loan application.
- There are frequent checks for "cash" drawn on the participant's account (or frequent ATM withdrawals).
- There are irregularities on the participant's tax return.
- The caregiver refuses to allow the participant to spend their own money.
- Signatures on checks or other documents which are allegedly those of the participant do not resemble that participant's known signature or are otherwise suspicious in appearance.

To Report Suspected Abuse, Neglect, Self Neglect or Exploitation:

Adult Protection: State-wide: 1-800-859-0321

Boise area: 208-322-7033

FAX: 208-322-3569

TDD/TTDY: 1-800-377-3529

www.sageidaho.com

CHAPTER SEVEN: CONTINUING DUTIES FOR THE SUPPORT BROKER



Maintain Regular Contact

Make sure your employer can easily contact you in case of an emergency. Have a back up plan in case you are unavailable.

Documentation

IDAPA Rule states that you are provided to maintain documentation:

IDAPA 16.03.10.704.02. Provider Records. Three (3) types of record information will be maintained on all participants receiving waiver services: (3-19-07) **a. Direct Service Provider Information** which includes written documentation of each visit made or service provided to the participant, and will record at a minimum the following information: (3-19-07) i. Date and time of visit; and (3-19-07) ii. Services provided during the visit; and (3-19-07) iii. A statement of the participant's response to the service, if appropriate to the service provided, including any changes in the participant's condition; and (3-19-07) iv. Length of visit, including time in and time out, if appropriate to the service provided. Unless the participant is determined by the Service Coordinator to be unable to do so, the delivery will be verified by the participant as evidenced by their signature on the service record. (3-19-07) v. A copy of the above information will be maintained in the participant's home unless authorized to be kept elsewhere by the Department. Failure to maintain such documentation will result in the recoupment of funds paid for undocumented services.

- Document services you provide to help your employer self-direct.
- Document in writing, all of your contacts with your employer by phone, mail, email, or in person (it is recommended that you meet with your employer at least quarterly to review their satisfaction with services).
- Note in your document what took place during the contact, how long it lasted, and if there were any issues or concerns.
- Document in writing, all your contacts with your employer's Circle of Support.
- Document in writing, all meetings with community support workers.
- Document in writing, any complaints and what follow-up was conducted.
- Your record should include the following information:
 - Date.

- Who was involved?
- Purpose or reason.
- Brief summary of discussion.
- Outcome.
- Time spent.
- Appropriate signature(s).



Q: When is a plan change necessary?

A: Any shift in money from one category to another requires a plan change. Adding a new service, task, or good, or deletion of a service which has a safety plan attached to it requires a plan change.

Plan Changes

Request for New Budget Allocation

Participants can request a new budget allocation if they have had a change in condition which requires an increase in supports that cannot be met by the existing budget allocation. If a participant and the support broker believe this is the case they must submit to the Regional Medicaid Office any information and/or supporting documentation which verifies that a significant change in condition has occurred. The regional care manager will assess the change in condition and follow established protocols for determining if a budget increase is supported.

Plan Changes

Plan changes can occur for many reasons. Some of the common ones are an addition or deletion of a service or moving budget money from one service category to another service category.

Any plan change that results in a change in an employee's hourly wage or the service category from which that employee is paid must be accompanied by a new employment agreement, sent to the fiscal employer agent.

The Plan Change Form can be found on the self-direction web site. An example of a Plan Change is in the Appendix of this manual.

What Happens When a Plan Change Is Submitted?

- The Regional Medicaid Care Manager receives a plan change request.
- The Regional Medicaid Care Manager will review the plan change request within five business days of its receipt.

- The Regional Medicaid Care Manager will review the plan change request to determine whether the support, good, and/or service meets the criteria for allowable expenses and falls within the individualized budget.
- The Regional Medicaid Care Manager reviews the plan change request to ensure that risk factors are adequately identified and safety plans are provided for each risk.
- An Authorization Sheet must be submitted listing the new service, task, or good requested.

Budget Oversight

One of your job duties as a support broker is to help your employer monitor and review their Self-Direction budget. Your employer can lose their right to participate in Self-Direction if they cannot stay within their budget.

Your employer will get a monthly statement from the fiscal employer agent. The statement will include an account of what they have spent each month and how much money is left in the budget. The statement will include specific amounts for each bill that has been paid on their behalf. The employment and vendor agreements state the details of how much money can be spent on each specific support and service. The fiscal employer agent will match the bills they pay to those agreements. If they don't match, are over the authorized amount, or the amount of money for a specific service has been exhausted, the bill will not be paid.

You need to review each monthly statement with your employer and match it to the amount that has been budgeted for each specific support and service. It is your job to help your employer resolve any difficulties. Find a good way to visually show your employer how much money they are spending and how much they have remaining each month. There are many types of budgeting tools on the market. Use what works best for your employer.

Annual Re-Determination

Your employer will be evaluated annually to determine if they still meet the criteria for waiver services. You will need to help them in this process. Approximately 120 days before the end of their annual plan, your employer will get a letter from the Idaho Center for Disabilities Evaluation. This letter will inform your employer of what they need to do in order to continue services for another year.

Your employer will need to schedule an appointment with the Independent Assessment Provider to review the past year and update their medical and social histories. They may need to go through a new evaluation of their functional abilities. The evaluation tool that is used for this purpose is called the Scales of Independent Behavior – Revised (SIB-R). The Scales of Independent Behavior – Revised is used to determine if a participant meets waiver level of care criteria, according to IDAPA Rule.

Your employer may find out that they are no longer eligible for Home and Community Based Developmental Disability Waiver services. If this happens, they will no longer be eligible for the My Voice My Choice option. They can appeal this decision and maintain

their current level of services while going through the appeal process. However, you still need to help them prepare to transition out of the level of services they are getting.

If your employer remains eligible for Developmental Disability Waiver Services, they may choose to return to the traditional path. They may want to get residential habilitation or community supported employment through an agency. They may want to have an agency hire and train their workers. If they and their Circle of Support want to choose this option, they may choose a Plan Developer to work with them instead of a support broker. Please review the next chapter, *Transitioning from the My Voice My Choice Option*, for more information.

If your employer remains eligible for the Waiver program and wants to stay in the My Voice My Choice option, they will continue to need a support broker. They will need to develop a new Support and Spending Plan for the following year. The Independent Assessment Provider will give them their new annual budget and the plan will need to be within their allocated budget.

Your Employer's Responsibilities

Another continuing duty is to help your employer meet their responsibilities in the My Voice My Choice option.

Each participant agrees to the following:

- Accept the guiding principles of the Self-Direction Program.
- Participate in person-centered planning meetings.
- Negotiate payment rates for paid community supports and services.
- Complete employment agreements for the fiscal employer agent, the support broker, and community support worker services. Submit those agreements to the fiscal employer agent on Department approved forms.
- Ensure that employment agreements contain sufficient detail for the type of support/service that is being purchased.
- Develop a comprehensive Support and Spending Plan.
- Review and verify time sheets and bills.
- Participate in the quality assurance process.

Your Employer's Health and Safety

By becoming a support broker you are also agreeing to help your employer protect their health and safety. You do this by identifying risk factors, developing safety plans, developing backup plans, and mitigating risks whenever possible. You are responsible for communicating with the appropriate authorities if you believe your employer's health or safety is being threatened. This responsibility includes reporting if your employer is threatening their own health or safety in any way. They may be refusing to take medication or living in an unsafe environment. They may have given all their food to a friend and have no money left to buy more. They may be acting disoriented or confused and refusing to go to the doctor. In a non-life threatening situation, you can call on a guardian, other natural support, or contact a Department staff member. In a life-

threatening situation, you should immediately contact emergency services or law enforcement.

Complaints and Critical Incident Reporting

A complaint is a statement of dissatisfaction with services. A critical incident is a serious situation which results in an immediate threat to your employer's health, safety, or well being. A complaint about Medicaid services or services related to the self-direction program should be made directly to the local regional Quality Assurance Specialist. The Quality Assurance Specialist will record the complaint and make sure it is investigated appropriately.

A critical incident needs to be reported to the circle of support, the Regional Quality Assurance Specialist, and emergency services, such as law enforcement or Adult Protection immediately. Critical incidents include the following: death, attempted suicide, substantiated abuse and neglect, unusual restraint, fiscal fraud, break-in and burglary, over-dose of medication, or similar events.

An accident is a mishap or mistake which did not occur as a result of any purpose or intent. If an accident occurs that has physical, emotional, or legal ramifications for your employer, it must be reported to their guardian. If your employer is their own guardian, you need to talk with them to determine whether family members need to be notified.

Maintain the Circle of Support

An on-going part of your job is to maintain and develop your employer's circle of support. Give each person your phone number and make sure you have theirs. Schedule regular contact times to talk with family members, friends, community members, advocates, and others who form the natural support system. Your employer may want to have regular meetings, phone calls, email, or choose a more informal method of continuing contact. You will need to meet with the circle of support several times a year, to work on the Support and Spending Plan, up date the budget information, discuss changes in services or needs, or talk about the future.

Look for opportunities to expand the circle. Are there people in the community who appear interested or ask questions about your employer or the Self-Direction Program? Does your employer regularly attend any community activities? If not, try to find some that they would like to attend. There are many low-cost and free activities everywhere. Call local churches, community centers, non-profits, libraries, and adult education centers. All of these facilities offer opportunities to meet and develop natural supports.

CHAPTER EIGHT: TRANSITIONING FROM THE MY VOICE MY CHOICE OPTION



Voluntary Transition: A Return to a Traditional Waiver Program

A participant can return to traditional Developmental Disability Waiver Services by contacting the regional Medicaid care manager and stating they want to discontinue their participation in the My Voice My Choice option.

If your employer wants to return to the traditional Waiver pathway, the regional Medicaid care manager will complete intake and presumptive eligibility.

Your employer will need to designate a plan developer, either paid or unpaid, to help them with the planning process. The plan developer will help the person complete a 120 day transition plan, using the standard Individual Support Plan.

The regional Medicaid care manager will complete the following processes based on the needs of the participant:

- Prior authorize community crisis supports to provide for any immediate crisis. The Crisis Resolution Plan must identify ways to prevent ongoing crisis.
- Approve the 120 day transition plan to include the Participant Support Plan signature page and the Participant Support Plan. Supports and Services Authorization costing page must be completed and submitted prior to the regional Medicaid care manager approving a transition plan for implementation.
- Prior authorize services identified on the costing page. Services identified on the plan will be prior authorized from the date the 120 day transition plan was approved once the Individual Support Plan has been submitted to the regional Medicaid care manager.
- The regional Medicaid care manager will contact the Independent Assessor to notify them to begin the formal eligibility process.
- The regional Medicaid care manager will send a letter to the participant notifying them that their 120 day plan has been approved.

The Independent Assessment Provider Will Follow Their Usual Process

- The Independent Assessment Provider verifies participant's eligibility for adult developmental disability services using the traditional business model for Annual Re-Determination of Program Eligibility.
- If the participant is determined to have a developmental disability and is waiver eligible, letter(s) approving eligibility are sent to the participant.
- Once eligibility has been determined, the process for obtaining traditional services after the 120 day transition plan has expired will occur according to the existing business model.

Involuntary Transition from the My Voice My Choice Option



Q: What qualifies as a crisis transition?

A: Crisis transitions happen when an event or process occurs which jeopardizes the participant's health or safety.

The Department may choose to remove a participant from the My Voice My Choice option if that participant refuses to utilize or abide by required supports or if the participant's choices directly endanger their own health, welfare or safety or that of others. A participant may not be able to continue in the My Voice My Choice option if:

- They are not willing to work with the support broker, fiscal employer agency or circle of support;
- They are not following their Support and Spending Plan; or
- Risk and Safety Back-up Plans are not being followed.

No Immediate Jeopardy to Health and Safety

If there is no immediate jeopardy to the health or safety of the participant, the Department will send a letter by certified mail notifying them of the concerns. The letter will state that the participant will be removed from the Self-Directed option unless specific identified concerns are remedied. The letter will list the specific concerns and the date by which a plan of correction needs to be submitted. The letter will allow the participant ten business days to submit a plan of correction.

After receiving the letter, the participant can pursue one of the following options:

- Option 1: Participant submits a Plan of Correction to the regional Medicaid care manager within ten days.
- Option 2: Participant does not submit a Plan of Correction to the regional Medicaid care manager within ten days.

Option 1: Participant Submits a Plan of Correction Within Ten Days

The regional Medicaid care manager reviews the plan to determine whether the noted concerns have been addressed. The Regional Medicaid Office will either approve or deny the Plan of Correction:

Approved Plan of Correction

- The regional Medicaid care manager sends a letter to the participant and support broker notifying them that the Plan of Correction has been approved.
- The Regional Medicaid Office monitors implementation of the Plan of Correction through quality assurance processes.

Denied Plan of Correction

- The regional Medicaid care manager will send a letter to the participant and their support broker stating the Plan of Correction has been denied and the participant is being removed from the Self-Directed Community Supports Option. The letter will include the date the removal will be effective and the appeals process.
- The regional Medicaid care manager will determine presumptive eligibility on the participant. The participant is presumed eligible when there is documentation that validates developmental disability and ICF/MR level of care waiver eligibility. Information to verify eligibility may be obtained from old Department records, Developmental Disabilities Agency records, and the Idaho Center for Disabilities Evaluation.
- If the participant meets presumptive eligibility, the regional Medicaid care manager will complete the following processes based on the specific needs of the participant:
 - Prior authorize community crisis supports.
 - Coordinate with the participant and their circle of support to develop a 120 day transition plan. The current participant Individual Support Plan format is used for the 120 day plan. This plan must contain those services and supports that will allow the participant to live safely in the community.
- The regional Medicaid care manager will review the transition plan, and if modifications are required prior to approval, will communicate with the plan developer about the needed changes.
- The regional Medicaid care manager will prior authorize services identified on the 120 day transition plan authorization page. Services identified on the plan will be prior authorized back to the date the 120 day transition plan was approved, once a complete Individual Support Plan has been submitted to the care manager.
- Idaho Center for Disabilities Evaluation verifies participant's Developmental Disability and waiver eligibility using the traditional business model for Annual Re-determination of Program Eligibility.

- If a participant is determined to be developmentally disabled and waiver eligible, the Idaho Center for Disabilities Evaluation will send a letter to the participant approving eligibility.

Option 2. Participant Doesn't Submit a Plan of Correction Within Ten Days

- The regional Medicaid care manager sends a letter to the participant and their support broker stating that no Plan of Correction has been submitted and the participant is being removed from the My Voice My Choice Option. The letter will include the date the removal will be effective and the appeals process.
- If the participant or their guardian requests continuation of services for adults with developmental disabilities, the care manager will complete the intake process and presumptive eligibility.
- The participant is presumed eligible when there is documentation that validates developmental disability eligibility and Intermediate Care Facility for the Mentally Retarded level of care waiver eligibility. Information to verify eligibility may be obtained from old Department records, developmental disabilities agency records, and the Idaho Center for Disabilities Evaluation.
- If the participant meets presumptive eligibility, the care manager will complete the following processes based on the specific needs of the participant:
 - Prior authorize community crisis supports.
 - Coordinate with the participant and circle of support to develop a 120 day transition plan.
 - The participant must develop a plan of service, with or without the help of a paid or unpaid plan developer. The Individual Support Plan is used for the 120 day plan. This plan must contain those services and supports that will allow the participant to live safely in the community.
- The care manager reviews the plan and if modifications are required prior to approval, will communicate with the participant about needed changes.
- The care manager prior authorizes services identified on the 120 day Plan Authorization page. Services identified on the plan will be prior authorized when a complete Individual Supports Plan has been received and approved by the care manager.
- Within the next 120 day period, Idaho Center for Disabilities Evaluation verifies participant's eligibility using the traditional business model for Annual Re-Determination of Program Eligibility.
- If a participant is determined to be developmentally disabled and Waiver eligible, the Idaho Center for Disabilities Evaluation will send a letter to the participant approving eligibility.
- The participant submits an annual Individual Support Plan for authorization.

Immediate Jeopardy to Health and/or Safety

If the Department determines there is reason to immediately remove a participant from the Self-Directed Community Supports Option, the regional Medicaid care manager sends a letter to the participant and their support broker indicating that the participant is being removed from the Self-Directed Community Supports Option and when the removal will become effective. The care manager will initiate the presumptive eligibility

process. If the participant is found to be eligible for waiver services, the care manager will initiate a 120 day presumptive eligibility transition plan with the participant and their Circle of Support.

Termination of Support Broker Services

According to Idaho Administrative Procedures Act (IDAPA) 16.03.13, if a support broker decides to end services with a participant, he must give the participant at least thirty (30) days written notice prior to terminating services. The support broker must assist the participant to identify a new support broker and provide the participant and new support broker with a written service transition plan by the date of termination. The transition plan must include an updated Support and Spending Plan that reflects current supports being received, details about the existing community support workers, and unmet needs.

A Participant Wants to Access the Self-Directed Option Mid-Plan Year

If a participant wants to access the Self-Directed Option before the usual annual re-determination date, they need to contact the regional care manager and request information about the program. The care manager will give the participant the date and time to attend an orientation meeting. The care manager will help the participant with the application process.

Transition to Non-Waiver Services and/or Natural Supports

A participant may be found ineligible for DD-Waiver Services during the annual re-determination process. There are several reasons that a participant may be found ineligible:

- They are not benefiting from active treatment:

Active treatment is defined as: On a continuous basis the individual requires aggressive consistent implementation of a program of specialized and generic training, treatment, health services, and related services. The active treatment program must be directed towards:

- The acquisition of behaviors necessary for participant to function with as much self-determination and independence as possible; and
- The prevention or deceleration of regression or loss of current optimal functional status.

Active treatment does not include:

- Interventions that address age-appropriate limitations; or
- Physical assistance for persons who are unable to physically perform tasks but who understand the process needed to do them.

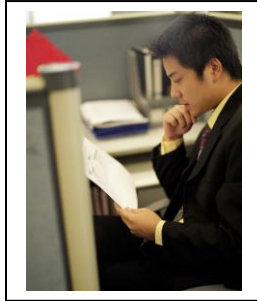
- They have reached a level of increased independence (as indicated by the SIB-R age equivalency above 8-0).
- They have begun to demonstrate more socially appropriate behaviors (as indicated by a GMI score that has decreased).

A transition plan should be included in a My Voice My Choice Support and Spending Plan whenever a loss of DD-Waiver eligibility is probable. A Support and Spending Plan may be changed to include a transition plan when necessary.

A transition plan may include:

- Exploration of DD State Plan services (Developmental Therapy and Service Coordination),
- Increased reliance on natural supports,
- Increased time without supervision,
- Enhancements to safety plans,
- Moving into a less restrictive living environment,
- Increased time invested in paid employment,
- Emphasis on meeting specific goals to support independent living (i.e. budgeting money or developing cooking skills),
- Exploration of alternative support systems (i.e. A&D Waiver, Mental Health or various natural supports),

CHAPTER NINE: EMPLOYER RESPONSIBILITIES



Your employer has specific responsibilities as a participant in the My Voice My Choice option that are unique to this program. Part of your job is to assist them to meet their responsibilities. A participant may be removed from the My Voice My Choice option if they are unable or unwilling to follow the rules and fulfill the responsibilities of the program.

IDAPA Rules - Consumer-Directed Services

Idaho Administrative Procedures Act (IDAPA) rules 16.03.13 state, with the assistance of the support broker and the legal representative, if one exists, the participant is responsible for the following:

- Guiding Principles. Accepting and honoring the guiding principles for the SDCS [Self-Directed Community supports] option.
- Person-Centered Planning. Participating in the person-center planning process in order to identify and document support and service needs, wants, and preferences.
- Rates. Negotiating payment rates for all paid community supports he wants to purchase, ensuring rates negotiated for supports and services do not exceed the prevailing market rate, and including the details in the employment agreements.
- Agreements. Completing and implementing agreements for the fiscal employer agent, the support broker and community support workers and submitting the agreements to the fiscal employer agent. These agreements must be submitted on Department-approved forms.
- Agreement Detail. Ensuring the employment agreements specifically identify the type of support being purchased, the rate negotiated for the support, and the frequency and duration of the scheduled support or service. The participant is responsible for ensuring that each employment agreement: clearly identifies the qualifications needed to provide the support or service; includes a statement signed by the hired worker that he possesses the needed skills; and the signature of the participant that verifies the same. Additionally, each employment agreement will include statements that: the participant is the employer even though payment comes from a third party; employees are under the direction and control of the participant; and no employer-related claims will be filed against the Department.
- Plan. Developing a comprehensive Support and Spending Plan based on the information gathered during the person-centered planning.

- Timesheets and Invoices. Reviewing and verifying that supports being billed were provided and indicating that he approves of the bill by signing the timesheet or invoice.
- Quality Assurance and Improvement. Providing feedback to the best of his ability regarding his satisfaction with the supports he receives and the performance of his workers.

Eligibility and Participation in Training

To participate and become an employer, the participant must:

- Qualify for the Home and Community Based Developmental Disability Waiver.
- Fully understand the rights and responsibilities of the My Voice My Choice Option.
- Be willing to participate in all training required by the Department to participate in the My Voice My Choice option.

Follow Rules and Regulations of the Department of Labor and Commerce

The employer and their circle of support will:

- Follow accepted employment practices and not discriminate against any support broker based upon race, color, religion, marital status, national origin, or age.
- Follow accepted employment practices regarding harassment of employees including the support broker. Harassment can take many forms. Signs of harassment may include: words, signs, jokes, pranks, intimidation, or physical contact.
- Follow accepted employment practices regarding sexual harassment of employees including the support broker. Sexually harassing conduct may include unwelcome sexual advances, requests for sexual favors, or any other verbal or physical contact of a sexual nature that prevents the support broker from performing their duties or creates an intimidating, hostile, or offensive working environment.
- Complete an employment agreement with the support broker. The agreement will include: fixed hourly rate, type, frequency, and duration of services provided by the support broker.
- Will be actively involved in the Person Centered Planning meeting.
- Will help the support broker develop a written Support and Spending Plan.
- Will verify hours worked by the support broker and all community support workers.
- Will retain a copy of any documentation at the employer's home.
- Will monitor their budget.
- Will participate with the Department's quality assurance measures as requested.

Payment of Employer Fees and Taxes

Participants in the My Voice My Choice option are employers: they hire people who work for hourly wages and have employment agreements. By law, all employers must contribute money to federal and state taxes. For participants in My Voice My Choice, this money is taken out of their individualized Medicaid budget for services. Taxes and fees paid by employers are not included in the hourly wage paid to an employee. These taxes

and fees are paid in addition to the hour wage. They include contributions to the state Unemployment Insurance fund, Social Security, Medicare and state and federal tax. The amount that an employer must pay is equal to approximately ten percent (10%) of the hourly wage paid to the employee.

This amount must be added to the total of the hourly wages paid to community support workers on the Spending Plan Worksheets in the Support and Spending Plan. This amount is not reflected in the workers' hourly wages.

The employee also pays taxes from their hourly wage. This is their part of the contribution to taxes and benefits. This amount is determined by a number of factors, including their annual income, how many dependents they have, and whether they are married or single. They might also claim tax credits or be exempt from certain taxes. Each employee's withholding amount is calculated individually, based on the legal requirements of the state and federal systems. The amount of their taxes is not calculated in their employment agreement. The employment agreement only reflects the hourly wage that the participant is paying the community support worker.

In order to participate in the My Voice My Choice option, the participant agrees to pay for the services of the fiscal employer agent. This fee is negotiated in advance by Medicaid and is a fixed monthly cost to the participant. The total annual amount is deducted from the participant's individualized budget and is reflected on the Support and Spending Plan Authorization Sheet. In return for payment of the fee, the fiscal employer agent will handle all payroll and support service billings and will provide the participant with monthly account statements.

GLOSSARY OF ACRONYMS AND DEFINITIONS

COMMUNITY SUPPORT WORKER: A participant, agency, or vendor selected and paid by the participant to provide community support worker services.

CRIMINAL HISTORY BACKGROUND CHECK: The process followed by the Department of Health and Welfare of verifying that a potential employee does not have any criminal record that would prohibit him or her from working with children or vulnerable adults.

DEPARTMENT: The Department of Health and Welfare.

FISCAL EMPLOYER AGENT: An agency that provides financial management services to participants who have chosen the Self-Directed Community Supports option.

FISCAL MANAGEMENT SERVICES: Services that manage money for individuals or businesses. Services usually include management of payroll, payroll taxes and payment of invoices for goods and services.

INDEPENDENT ASSESSMENT PROVIDER: The person who is designated by the Department of Health and Welfare to assess eligibility for services under the auspices of Medicaid's Bureau of Developmental Disabilities.

IDAHO CENTER FOR DISABILITIES EVALUATION: The designated contractor used by the Department of Health and Welfare to determine eligibility for adult developmental disabilities services.

INTERMEDIATE CARE FACILITY (FOR DEVELOPMENTALLY DISABLED)/MENTALLY RETARDED (ICF/MR): A specific type of institution and an amount of payment for a specific level of care.

INDIVIDUAL SUPPORT PLAN: The plan that is developed by participants in the traditional Developmental Disabilities Waiver program.

MY VOICE MY CHOICE: The name of the self-direction program in Idaho.

PARTICIPANT EXPERIENCE SURVEY: A series of questions used to monitor and discuss participant satisfaction with their ability to self-direct their services.

REGIONAL MEDICAID SERVICES: These offices are located in all regions of Idaho. Each office has at least one care manager and quality assurance specialist assigned to the area.

SUPPORT BROKER: An individual who is hired by and advocates on behalf of the participant to provide specific services as outlined in the IDAPA Rules.

SELF DIRECTION: The program option which offers consumer-directed services to participants who meet criteria for Intermediate Care Facility (for Developmentally Disabled)/Mentally Retarded Waiver level of care for developmental disabilities services. This program option is called My Voice My Choice.

SCALES OF INDEPENDENT BEHAVIOR – REVISED (SIB-R): An assessment tool used to gauge the age-equivalency of a person's functional abilities.

SUPPORT AND SPENDING PLAN: The annual document which outlines specific supports and services to be utilized by the self-directed participant each year. The Support and Spending Plan includes specific costs of services and the total annual budget which is authorized for the services.

REGIONAL MEDICAID OFFICES

Region 1

Address		Phone Number
1120 Ironwood Drive Coeur d' Alene, Idaho 83814-2607	FAX	(208) 769-1567 (208) 666-6856

Region 2

Address		Phone Number
1118 F Street P. O. Drawer B Lewiston, Idaho 83501	FAX	(208) 799-4430 (208) 799-5167

Region 3

Address		Phone Number
3402 Franklin Road Caldwell, Idaho 83605	FAX	(208) 455-7152 (208) 454-7625

Region 4

Address		Phone Number
1720 Westgate Drive Boise, Idaho 83704	FAX	(208) 334-0901 (208) 334-0953

Region 5

Address		Phone Number
601 Pole Line Road, Suite 3 Twin Falls, ID 83301	FAX	(208) 736-3024 (208) 736-2116

Region 6

Address		Phone Number
1070 Hiline Road, Suite 260 Pocatello, Idaho 83205-4166	FAX	(208) 239-6260 (208) 293-6269

Region 7

Address		Phone Number
150 Shoup, Suite 19 Idaho Falls, Idaho 83402	FAX	(208) 528-5750 (208) 528-5756

APPENDIX A

Guidelines for Allowable and Non-Allowable Expenses

The purchase of supports and services must meet federal medical assistance regulations including all of the following criteria:

- Must be required to meet the identified needs and outcomes in the participant's Support and Spending Plan and assure the health, safety, and welfare of the participant.
- Must collectively provide a feasible alternative to an institution.
- Must be the least costly alternative that reasonably meets the participant's identified needs.
- Must be for the sole benefit of the participant.

If all of the above criteria are met, supports and services are appropriate purchases when they are reasonably necessary to meet the following participant outcomes:

- Maintain the ability of the participant to remain in the community.
- Enhance community inclusion and family involvement.
- Develop or maintain personal, social, physical, or work related skills.
- Decrease dependency on formal support services.
- Increase independence of the participant.
- Increase the ability of unpaid family members and friends to receive training and education needed to provide support.

Allowable Expenses

Through the Self-Direction option, participants are able to obtain supports and services in ways that are meaningful to them and are able to customize supports to best meet identified needs. The guidelines for allowable supports and services including personal needs, personal health, relationships, emotional health, job or volunteer work, transportation, adaptive equipment and supplies, and skilled supports are listed below and are intended to broadly describe each category.

The Department of Health and Welfare encourages a participant's ability to completely customize their Support and Spending Plan. This includes designing and purchasing supports that are unique to the participant.

The following supports and services are allowed for:

Personal Needs

- Help with daily living activities such as shopping for food, meal planning and preparation, housekeeping, bathing, dressing, and personal hygiene.
- Training and/or help handling personal finances, making purchases, and meeting personal financial obligations.
- Home Modifications required in a participant's residence which allow the participant to remain safely in the community and/or function with greater independence. Home modifications should comply with the following requirements:

- A minor home modification must not create a new structure, add square footage to the home, be for the purpose of remodeling, require routine maintenance, or be for general utility or renovation (i.e. carpeting, roof repair, a carbon monoxide detector, central air conditioning, etc.).
- Permanent environmental modifications are limited to modifications to a home rented or owned by the participant or the participant's family when the home is the participant's principal residence.
- Portable or non-stationary modifications may be made to rental units when such modifications can follow the participant to the next place of residency.
- Minor home modifications include installation, maintenance, and repair not covered by warranty.
- Purchase or repair of wheelchair ramps and protective awnings over wheelchair ramps.
- Modifications/additions to bathroom facilities:
 - Wheelchair accessible showers.
 - Sink modifications.
 - Bathtub modifications.
 - Toilet modifications.
 - Water faucet controls.
 - Floor urinal and bidet adaptations.
 - Plumbing modifications/additions to existing fixtures.
 - Turnaround space modifications.
- Modifications/additions to kitchen facilities:
 - Sink modifications.
 - Sink cut-outs.
 - Turnaround space modifications.
 - Water faucet controls.
 - Plumbing modifications/additions.
 - Work table/work surface adjustments/additions.
 - Cabinet adjustments/additions.
- Specialized accessibility/safety adaptations/additions (including repair and maintenance):
 - Door widening.
 - Electrical wiring.
 - Grab bars and handrails.
 - Automatic door openers/doorbells/door scopes and adaptive wall switches.
 - Fire safety adaptations and alarms.
 - Medically necessary air filtering devices.
 - Light alarms, doorbells for the hearing and visually impaired.
 - Floor leveling, only when the installation of a ramp is not possible.
 - Medically necessary steam cleaning of walls, carpet, support equipment, and upholstery.
 - Widening/enlargement of garage or carport to accommodate primary transportation vehicle and to allow participant using wheelchairs to enter and exit their vehicles.

- Installation of sidewalk for access from non-connected garage or driveway to residence, when existing surface conditions is a safety hazard for the participant with a disability.
- Safety glass, safety alarms, security door locks, fire safety approved window locks and security window screens (i.e. for participants with severe behavioral problems).
- Security fencing for those participants with cognitive impairment and whose safety would be compromised if they wandered.
- Protective padding and corner guards for walls for participants with impaired vision and mobility.
- Recessed lighting with mesh covering and metal dome light covers to compensate for violent aggressive behavior (i.e. for participants with autism or mental illness).
- Noise abatement renovations to provide increased sound proofing (i.e. for participants with autism or mental illness).
- Door replacement (for accessibility only).
- Motion sensor lighting.
- Intercom systems for participants with impaired mobility.
- Lever door handles.

NOTE: Installation of central air conditioning and heating is excluded. Repair of central air conditioning and heating units will be considered only if it is more cost-effective than options available under adaptive aids.

Personal Health

- Drug/Alcohol rehabilitation services.
- Smoking cessation classes.
- Assistance with medications, including filling a medi-set.
- Services intended to make the community care system more effective by helping participants gain access to medical, social, educational, and other services, regardless of how each service is funded. When a participant's care is coordinated, it allows those participants who have complex personal circumstances that place them at risk of reduced independence to locate the appropriate services, and helps them coordinate those services.
- Nursing services which consist of part-time or intermittent care provided by a licensed nurse within the scope of the Idaho Nurse Practice Act. Nursing services may only be approved for those participants in need of services that can only be provided by an LPN (Licensed Practical Nurse) or RN (Registered Nurse).
- Fees or membership dues for health clubs or fitness centers when physical exercise or physical activity is necessary and appropriate to maintain or improve the participant's health and functioning. If authorized, the payment structure shall be based on the most cost effective option (i.e. daily rates, annual memberships, etc.) given the participant's actual and projected use of the health club or fitness center. Individuals must periodically provide verification of their use of the health club or fitness center.
- Medical Supplies which are medically necessary to meet the needs of the participant. The supplies must be related to the participant's disability or medical condition and

must support the participant living in the most integrated setting possible in the community. These include supplies for:

- Tracheotomy care.
- Decubitus care.
- Ostomy care.
- Respirator/ventilator care.
- Catheterization.

Other Types of Medical Supplies

- Nutritional supplements.
- Feeding formulas and supplies.
- Urinary incontinent supplies.

Emotional Health

- Membership fees associated with attending support groups (i.e. Alcoholics Anonymous).
- Coursework and training material fees associated with participation in classes to acquire socially appropriate behaviors or reduce inappropriate behaviors (i.e. Anger Management course).

Relationship Needs

- Services that allow a participant to be involved in general community activities and establish relationships with family and peers.
- Services intended to instruct the participant in daily living and community living skills in integrated settings (i.e. shopping, church attendance, sports, participation in clubs, etc.).
- Behavior shaping and management services that include training and/or assistance in appropriate expressions of emotions or desires, compliance, assertiveness, acquiring socially appropriate behaviors, or reducing inappropriate behaviors.
- Development of interpersonal relationship skills of interaction, cooperation, trust, and the development of self-respect, self-esteem, responsibility, confidence, and assertiveness.
- Sex education services.
- Pregnancy counseling.

Job or Volunteer Work

- Individualized assessment.
- Individualized and group employment counseling.
- Individualized job development and placement that produce an appropriate job match for the participant and the employer.
- On the job training in work and related work skills required for job performance.
- Ongoing supervision and monitoring of the participant's performance.
- Ongoing support services to ensure job retention.
- Training in related skills essential to obtaining and retaining employment.

- Job maintenance visits with the employer for purposes of obtaining, maintaining, and/or retaining current or new employment opportunities.
- Services that assist a participant to develop and operate their own business. This assistance consists of:
 - Helping the participant identify potential business opportunities.
 - Help developing a business plan, including potential sources of business financing, and help developing and launching the business.
 - Identifying the supports that are necessary for the participant to operate the business.
 - Ongoing help, counseling, and guidance once the business has been launched.

Payment for Job or Volunteer Work Excludes

- Incentive payments made to an employer to encourage or subsidize an employer's desire to retain a participant as an employee.
- Payments that are passed through to the participant.
- Payments for training that is not directly related to the participant's employment.
- The trainer or supervisor doing the work for the person, if the participant is not able to perform the essential functions of the job on their own.

Transportation

- Services that allow the participant to access community activities in response to needs identified through the participant's plan of care. These services are available to participants living in their own homes or in their family home. Transportation services may be provided by different modalities, including public transportation, taxi services, and non-traditional transportation providers. Transportation services must be provided by the most cost efficient mode available.
- Training or assistance aimed at accessing and using public transportation, independent travel, or movement within the community.

Adaptive Equipment and Supplies

- Specialized equipment and supplies such as devices, controls, or appliances which enable participants to increase their ability to perform activities of daily living, or to perceive, control, or communicate with their environment. They also include items necessary for life support including ancillary supplies and equipment necessary to maintain such items, and durable and non-durable medical equipment and supplies. Training on the proper use of the equipment is to be included in the unit cost of the equipment and normal fitting, and maintenance of equipment, where necessary. All items will meet applicable standards of manufacture, design, and installation.
- All specialized medical equipment and supplies must be prescribed by a medical practitioner.
- Specialized medical equipment and supplies costing more than \$500 require written documentation from an occupational, physical, or speech therapist, or speech pathologist that the purchase is appropriate to meet the participant's needs.
- Reimbursement for repair, modification, or adaptation of specialized equipment and supplies, if determined to be cost effective.

- Adaptive aids consist of the following services including repair and maintenance not covered by the warranty.

Lifts

- Wheelchair lifts.
- Porch or stair lifts.
- Hydraulic, manual, or other electronic lifts.
- Stairway lifts.
- Bathtub seat lifts.
- Ceiling lifts with tracks.
- Transfer bench.

Mobility Aids

- Manual/electric wheelchairs and necessary accessories.
- Scooters.
- Mobility bases for customized chairs.
- Braces, crutches, walkers, and canes.
- Forearm platform attachments for walkers and motorized/electric wheelchairs.
- Prescribed prosthetic devices.
- Prescribed orthotic devices, orthopedic shoes, and other prescribed footwear.
- Prescribed exercise equipment and therapy aids.
- Portable ramps.
- Batteries and chargers.

Respiratory Aids

- Ventilators/respirators.
- Back-up generators.

Positioning Devices

- Standing boards, frames, and customized seating systems.
- Electric or manual hospital bed, tilt frame bed, and necessary accessories.
- Egg crate mattresses, sheepskin, and other medically related padding.
- Trapeze bars.
- Lift recliners.

Communication Aids (Including Repair, Maintenance, and Batteries)

Augmentative Communication Devices

- Direct selection communicators.
- Alphanumeric communicators.
- Scanning communicators.
- Encoding communicators.
- Speaker and cordless phones for participants who cannot use conventional telephones:
 - Speech amplifiers, aids, and assistive devices.

- Interpreters.
- Telebraille devices.
- Typewriters.
- Closed captioning devices.

Control Switches/Pneumatic Switches and Devices

- Sip and puff controls.
- Adaptive switches/devices.

Environmental Control Units

- Locks.
- Electronic devices.
- Voice activated, light activated, oral motion activated device.
- Alarms/alarm systems.

Diagnostic/Monitoring Equipment

- Stethoscopes, blood pressure monitors, and thermometers for home use.
- Blood glucose monitors.

Medically Necessary Devices

- Urinary incontinent devices.
- Transcutaneous Electrical Nerve Stimulation (TENS) units.

Medically necessary Durable Medical Equipment not covered in the State Plan for the Idaho Medicaid Program. Temporary lease/rental of medically necessary durable medical equipment to allow for repair, purchase, replacement of essential equipment or temporary usage of the equipment.

Modifications/Additions to Primary Transportation Vehicles

- Van lifts.
- Driving controls.
 - Brake/accelerator hand controls.
 - Dimmer relays/switches.
 - Horn buttons.
 - Wrist supports.
 - Hand extensions.
 - Left-foot gas pedals.
 - Right turn levers.
 - Gear shift levers.
 - Steering spinners.
- Medically necessary air conditioning unit prescribed by a physician for participants with respirator or cardiac problems, or people who can't regulate temperature.
- Removal or placement of seats to accommodate a wheelchair.
- Installation, adjustment, or placement of mirrors to overcome visual obstruction of a wheelchair in a vehicle.

- Raising the roof of the vehicle to accommodate a participant riding in a wheelchair.
- Installation of frames, carriers, or lifts for transporting mobility aids.

Sensory Adaptations

- Eyeglasses and accessories beyond the Medicaid limit.
- Hearing aid supplies beyond the Medicaid limit.
- Auditory adaptations to mobility devices.
- Medically necessary heating and cooling equipment for participants with respiratory or cardiac problems, people who cannot regulate temperature, or people who have conditions affected by temperature (excluding central air conditioning and heating).
An air conditioner can only be purchased for the participant's principal living area. If the principal living area already has an air conditioner unit, it would not be possible to purchase another unit to cool another part of the house.
- Visual alert systems.
- Magnifiers.
- Enlarged electronic displays.

Adaptive Equipment for Activities of Daily Living

- Assistive devices.
- Reachers.
- Stabilizing devices.
- Weighted equipment.
- Holders.
- Feeding devices including:
 - Electric self-feeders.
 - Food processor and blender. Only for participants with muscular weakness in upper body or who lack manual dexterity and are unable to use manual conventional kitchen appliances.
 - Variations of everyday utensils.
 - Shaped, bent, built-up utensils.
 - Long-handled equipment.
 - Addition of friction covering.
 - Coated feeding equipment.
- Count-a-dose medication systems.
- Walking belts and physical fitness aids.
- Specially adapted kitchen appliances.
- Toilet seat reducer rings.
- Hand-held shower sprays.
- Shower chairs.
- Electric razors.
- Electric toothbrushes.
- Water piks.
- Over bed tray tables.
- Signature stamps.
- Care and acquisition of guide dogs for visually impaired, including:

- Veterinary bills.
- Harnesses.
- Food for guide dog.
- Safety restraints and safety devices.
- Bed rails.
- Safety padding.
- Helmets.
- Safety restraints.
- Flutter boards.
- Lifejackets.
- Elbow and knee pads.
- Visual alert systems.
- Support rails.

Skilled Supports

- Developmental, corrective, and other supportive services (including speech pathology and audiology, psychological services). Physical and occupational therapy and recreation (including arts and therapeutic recreation). Social work services and counseling services (including rehabilitation counseling). Medical services (except for diagnosis and evaluation purposes only).

Unallowable Expenditures

Supports and services that cannot be purchased within the participant's budget are:

- Placement in a nursing home (NH) or Intermediate Care Facility (for Developmentally Disabled)/Mentally Retarded (ICF/MR).
- State Plan services (i.e. Service Coordination and Developmental Disability Agency services).
- Waiver services delivered through the traditional service model.
- Services, goods, or supports provided to or benefiting persons other than the participant.
- Any costs for service incurred by the participant such as attorney fees, bank overdraft fees, etc.
- Insurance payments, with the exception of Workers' Compensation Insurance.
- Room and board payments.
- Personal items not related to the participant's disability.
- Home modifications that add any square footage.
- Home modifications for a residence other than the primary residence of the participant or the participant's non-paid family member(s) if the participant is residing with the non-paid family member(s).
- Expenses for travel, lodging, or meals related to training the participant or his/her representative or paid or unpaid caregivers.
- Experimental treatments.
- Membership costs or dues, unless the service or support obtained through membership is directly related to the disability.
- Vacation expenses other than the cost of direct services.

- Vehicle maintenance.
- Tickets and related costs to attend sporting or other recreational events.
- Animals and their related costs, except for service animals.
- Costs related to internet access.

APPENDIX B

My Voice My Choice Documents Examples

These examples are for a fictitious participant, John Doe. He has filled out his workbook and needs help in several areas. He needs personal assistance at home and in doing a few household chores. He needs transportation to and from work and social events and he needs some assistance at work. He also wants to find ways to deal with feelings of sadness and anger and is seeking counseling.

His annual Medicaid budget totals \$35,000. He is going to hire a support broker, a community support worker, an agency and an independent contractor. He is also going to pay for transportation by the mile. Examples are listed in the order that the documents would be generated by a participant and their circle of support.

The examples are from the following documents:

- My Voice My Choice Workbook:
 - What Help Will I Need During the Week to Do the Things I want at Home?
 - What Help Will I Need During the Week to Do the Things I want at Work?
 - Skilled Support/Adaptive Equipment/Medical Supplies
- Participant - Support Broker Employment Agreement
- My Support Plan
- My Support Broker Worksheet
- Participant – Community Support Worker Employment Agreement
- Participant – Independent Contractor Work Agreement
- Participant – Agency/Community Support Worker Employment Agreement
- My Spending Plan Worksheet
- My Spending Plan Summary
- Support and Spending Plan Authorization
- Support and Spending Plan Change Authorization Instructions

Templates of the *My Voice My Choice* workbook, *Support and Spending Plan* and employment and work agreements can all be found on the self direction web site: www.selfdirection.idaho.gov

Regional Medicaid care managers can also provide My Voice My Choice participants with copies of all the necessary documents. In addition, extra employment agreements and instructions for filling them out can be obtained from the fiscal employer agent.

What Help Will I Need During the Week to Do the Things I Want at Home?

Guidance

What help do you need at home to make sure things get done that are important to you and your well-being?

Think about things like personal care needs (i.e. bathing, dressing), keeping your house clean, shopping, cooking, and taking your medications.

- * Do you need help taking care of these things?
- * Do you want to learn how to do any of these things?

This list should also include the support(s) you will need to live successfully and safely in the community if it isn't possible for you to be left alone for some part of the day and/or night. These supports might consist of:

- * Companion services, if you require another person to be immediately available to provide assistance, guidance, and/or instruction.
- * A lifeline response system.
- * Adaptive equipment.

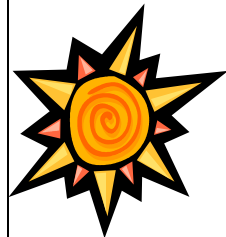
This is also a good time to think about how many hours you need someone around to help you. This information will be necessary when you get ready to develop your plan.

Morning:



I am able to shower on my own, but sometimes I forget that I need to shower every day, brush my teeth, and put on deodorant.* I need help from someone to remind me to do those things. I also need someone to help make sure that I am dressed professionally before going to work.

Daytime:



When I am at home during the day I like to work on keeping my house picked up, and I am pretty good about doing that on my own, although sometimes I need someone to remind me to do things I don't enjoy, like cleaning the toilet. I also like to work on craft projects and take my dog, Gracie, for walks around the neighborhood. I am able to do these things without help.

Evening:



I am able to make simple foods such as sandwiches or things using the microwave. However, I would like to learn how to cook things from a recipe so that I can be healthier, and how to use the stove and oven safely.*

Night:



What Help Will I Need During the Week to Do the Things I Want at Work?

Guidance

Whether you already have a job or would like to get one in the next year, this page can help you identify what kinds of support you might need to get or keep a job.

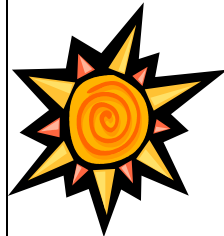
Some things to think about:

- * Do you want to work all day or just part time?
- * What skills will you need to learn in order to do the job you want?
- * Will you need someone to help you on the job for a period of time?
- * Will you need transportation to get to a job?
- * Will working change your need for other supports during the day?
- * Will you need certain clothes or equipment to do the job?
- * Will you need to obtain specific licensure or certification before you can be employed to do the work you want?

Morning:



Daytime:



I work 3 days a week as an usher at the movie theater in town. I really like my job because I get to see lots of people and I also get to watch movies for free! My job is to take tickets from people before the movie, and to sweep up the theater after the movie ends. Sometimes I get distracted and forget to do what I am supposed to be doing. I have a tendency to talk to people when I'm taking their tickets for too long, which causes a line. My least favorite part of my job is cleaning after the movie, so sometimes I am really sloppy about that. I need help so that I don't talk too much, and so I don't miss important things when I'm doing the part that I don't like!

Evening:



Night:



Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



Skilled Support/Adaptive Equipment/Medical Supplies

Guidance

There may be times when you need skilled service providers or specialized equipment to provide you with support in your daily life.

When completing this page you might want to ask yourself some of the following questions:

- * Do you need help communicating with others (i.e. interpreter)?
- * Do you need the services of a physical therapist (PT)?
- * Do you need the services of an occupational therapist (OT)?
- * Do you need the services of a speech therapist?
- * Do you need the services of a nurse?
- * Do you need mental health services?
- * Would you benefit from adaptive equipment designed to help you with mobility, feeding, or personal care?
- * Do you need specialized medical supplies as part of your daily routine (i.e. attends, syringes, latex gloves, mattress protectors)?
- * Do you need nutritional supplements?

IMPORTANT REMINDER: A doctor's prescription may be required before you can receive OT, PT, speech therapy, or nursing services, medical supplies, and nutritional supplements. If you don't know if you need a prescription, contact your doctor for assistance.

Sometimes I get sad and angry, and it helps for me to have someone to talk to about this. I need a counselor to help me work out why I get upset, and to help me identify ways of coping with my feelings. If I get too sad I have a hard time getting out of bed because I want to sleep all day. My dog really needs me to get out of bed so that I can take care of her and take her for walks because dogs need a lot of exercise.

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

All names used in examples are fictitious and any resemblance to a real person is coincidental.

PARTICIPANT-SUPPORT BROKER EMPLOYMENT AGREEMENT

This agreement is hereby made between John Doe a participant of the Self-Directed Community Supports (SDCS) Option, a Medicaid option administered by the Department of Health and Welfare (department), and Nancy Brown, a Support Broker.

The participant wants to hire the support broker for services under the Self-Directed Community Supports Option. In exchange, the support broker wants to be paid for the services provided to the participant. Both parties understand and agree that payment is made through a fiscal employer agent (FEA), using Medicaid monies and based on time sheets submitted by the support broker and approved by the employer, who is the participant.

To these mutual purposes, the parties promise and agree as follows:

1. Support broker services are to be provided in accordance with “Participant-Support Broker Agreement”, and the Self-Directed Community Supports rules, according to the Idaho Administrative Procedures Act (IDAPA) 16.03.13, “Consumer-Directed Services.”
2. The support broker is hired to help the participant, and assumes no responsibility for the participant’s conduct.
3. That the support broker is an employee of the participant and not an employee of the Self-Directed Community Support Option or the FEA, and agree that the support broker is not entitled to, nor will make claim for any employee benefits from the Self-Directed Community Support Option or the FEA, including but not limited to, worker’s compensation, disability, life insurance, or health insurance.
4. The support broker will take all actions necessary to become the participant’s employee, and to maintain the employment relationship by submitting necessary documents to the FEA, including:
 - A “Support Broker Letter of Approval” from the Department.
 - A Completed W-4, I-9, and other IRS required forms.
 - A completed criminal history check, including clearance in accordance with IDAPA 16.05.06, "Criminal History and Background Checks".
 - A copy of this agreement.
 - Participant approved time sheets that record the hours the support broker worked.

5. The support broker will provide all required support broker duties outlined in Subsection 136.02 of *IDAPA* 16.03.13, “Consumer-Directed Services” and, as mutually agreed upon with the participant, the optional support broker duties outlined in Subsection 136.03 of *IDAPA* 16.03.13, “Consumer-Directed Services.”
6. The support broker’s wage is not to exceed \$18.72 per hour. **It is mutually understood that any overtime hours or services not described in the participant’s “Self-Directed Community Supports Support and Spending Plan”, or described elsewhere in this agreement, are not covered by or paid through this agreement.**
7. Terms and conditions of work (job duties):

Service or Task	Service Code	Number of hours per year needed to perform this task		Wage per hour		Annual Cost
Person centered planning participation includes: Help fill out workbook, determine new goals and unmet needs. Attend and take notes at meeting.	<input checked="" type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3	2	X	18.72	=	\$37.44 Sub Total
Developing the written Support and Spending Plan includes: Review of notes and workbook to put information on SSP correctly. Development of SSP.	<input checked="" type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3	4	X	18.72	=	\$74.88 Sub Total
Helping the employer to review and monitor the budget includes: Review of time sheets in comparison with budget report.	<input type="checkbox"/> SBS <input checked="" type="checkbox"/> SB2 <input type="checkbox"/> SB3	12	X	15.00	=	\$180.00 Sub Total
Submitting the employer satisfaction documentation to the department as requested includes: Monitor for complaints or incidents. Report complaints and critical incidents to the Department of Health and	<input type="checkbox"/> SBS <input checked="" type="checkbox"/> SB2 <input type="checkbox"/> SB3	3	X	15.00	=	\$45.00 Sub Total

Welfare.						
Participating in the quality assurance process with the department includes: Comply with DHW quality assurance measures. Participant in reviews with the department.	<input type="checkbox"/> SBS <input checked="" type="checkbox"/> SB2 <input type="checkbox"/> SB3	2.5	x	15.00	=	\$37.50 Sub Total
Helping the employer with the annual re-determination process includes: Helping the employer with the annual re-determination process includes: Assisting with making and following through with assessment appointments, yearly physical appointments.	<input type="checkbox"/> SBS <input checked="" type="checkbox"/> SB2 <input type="checkbox"/> SB3	1	x	15.00	=	\$15.00 Sub Total
Helping the employer to meet participant responsibilities includes: Assisting with CSW training as needed, ensuring employer is following guidelines of the MVMC option	<input type="checkbox"/> SBS <input checked="" type="checkbox"/> SB2 <input type="checkbox"/> SB3	6	x	15.00	=	\$90.00 Sub Total
Criminal History Check Waiver Process (example: complete waiver form, education and counseling to participant and circle of support, assist with detailing rationale for waiver and identifying how health and safety will be protected).	<input type="checkbox"/> SBS <input checked="" type="checkbox"/> SB2 <input type="checkbox"/> SB3	2	x	15.00	=	\$30.00 Sub Total
Other: Give details of job duties: Assist with problem solving issues that may arise	<input type="checkbox"/> SBS <input checked="" type="checkbox"/> SB2 <input type="checkbox"/> SB3	6	x	15.00	=	\$90.00 Sub Total
Other: Revise Plan as needed	<input checked="" type="checkbox"/> SBS <input type="checkbox"/> SB2	2	x	18.72	=	\$37.44

	<input type="checkbox"/> SB3						Sub Total
Other: Meet with employer and care manager to review plan.	<input checked="" type="checkbox"/> SBS		1	x	18.72	=	\$18.72
	<input type="checkbox"/> SB2						Sub Total
	<input type="checkbox"/> SB3						
Total Cost of Annual Support						=	\$658.98
							Total

The support broker agrees not to provide or bill for services until:

- An authorized “Support and Spending Plan” has been submitted to the FEA.
- The signed “Employment Agreement” has been submitted to the FEA.
- The signed “Medicaid-Support Broker Agreement” has been submitted to the FEA.

Medicaid funding can only pay for services that are provided. Under the provision of this agreement, the employee cannot bill for holiday, vacation, or sick time taken. Overtime hours are not allowed.

The provisions of this agreement represent the entirety of the agreement between the parties. It may be amended only in writing with both parties consenting with their signatures. It is mutually understood that this is employment at will. Either party can terminate the relationship without cause with 30 days notice. This agreement can be terminated immediately at any time by the participant due to unsatisfactory support broker performance.

Participant

Date

Legal Guardian (if applicable)

Date

Support Broker

Date

MY SUPPORT PLAN

Participant's Name: John Doe

Medicaid ID Number: xxxxxxx

Goal or Need: I really enjoy living on my own but need some help to continue to do so safely. I need reminders and encouragement to complete self care and home care tasks.

I also need assistance accessing my community. I need assistance with transportation so that I can access my community for different activities such as church, my volunteer positions and shopping. I also need support to stay on task while in the community.

I work at the local movie theater, I need transportation assistance to get to and from work, as well as job support to keep me focused while I am at work.

I need counseling services so that I can learn to manage my emotions and talk through my problems so that I can continue to take care of myself and my dog.

Activities

What Activities Will I Be Able to Do Myself to Reach My Goal or Meet My Need?	How Often Do I Need to Do These Activities?
I am able to walk my dog by myself.	Daily
Once reminded or encouraged, I am able to shower independently, groom myself, dress and undress myself	Daily
Once reminded and encouraged, I am able to do light housekeeping on my own	Weekly
I am able to read, watch movies and find other recreational activities	Weekly

Natural Supports

Who Could Help Me Reach My Goal or Meet My Need That Wouldn't Have to Be Paid?	How Often Will They Provide The Support?
My parents live close by and are always available if I need assistance. I also have dinner with them twice per week.	1-2 per week or as needed.
My friend and next door neighbor, Bob, usually helps me when I need it. We also go fishing together and he provides transportation for that. He also lets my dog out when I am delayed from home.	As needed.
My sister, Beth, has me over to her home for game night with her family.	1-2 per month.

Paid Supports

Service, Task, or Good Needed	Type of Support	
	☑ Check Only One Box Per Service, Task, or Good	
Teaching healthy meal prep, assistance with personal hygiene, teaching housekeeping skills. Assisting with volunteer activities, teaching healthy grocery shopping and label reading, personal support during church activities.	<input checked="" type="checkbox"/> Personal	<input type="checkbox"/> Emotional
	<input type="checkbox"/> Job	<input type="checkbox"/> Skilled Nursing
	<input type="checkbox"/> Transportation	<input type="checkbox"/> Relationship
	<input type="checkbox"/> Learning	<input type="checkbox"/> Adaptive Equipment
Mental Health Counseling, to include talking through John's problems, working on identifying stressors in his life and developing coping mechanisms so that John can live a happy, fulfilling life.	<input type="checkbox"/> Personal	<input checked="" type="checkbox"/> Emotional
	<input type="checkbox"/> Job	<input type="checkbox"/> Skilled Nursing
	<input type="checkbox"/> Transportation	<input type="checkbox"/> Relationship
	<input type="checkbox"/> Learning	<input type="checkbox"/> Adaptive Equipment
Provide Job Support to John while at work. To include keeping John on task, keeping John focused at work during the work day, and ensuring that John	<input type="checkbox"/> Personal	<input type="checkbox"/> Emotional
	<input checked="" type="checkbox"/> Job	<input type="checkbox"/> Skilled Nursing
	<input type="checkbox"/> Transportation	<input type="checkbox"/> Relationship

completes his checklist of duties for each shift.	<input type="checkbox"/> Learning	<input type="checkbox"/> Adaptive Equipment	
Transportation to and from community activities and appointments.	<input type="checkbox"/> Personal	<input type="checkbox"/> Emotional	
Transportation to and from work.	<input type="checkbox"/> Job	<input type="checkbox"/> Skilled Nursing	
	<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Relationship	
	<input type="checkbox"/> Learning	<input type="checkbox"/> Adaptive Equipment	

MY SUPPORT BROKER WORKSHEET INSTRUCTIONS:

- **Step 1.** Complete Participant's Name and Medicaid ID Number lines at top of page.
- **Step 2.** Required Job Duties. Review each of the Required Job Duties listed on the My Support Broker Worksheet. The required job duty of person-centered planning participation asks you to provide details about what you want your Support Broker to do as part of this requirement. List the specific activities in the appropriate box.
- **Step 3.** Other Requested Job Duties. You may want your Support Broker to assist you with completing a number of other tasks associated with self-directed services. List each of these duties separately under the section titled Other Requested Job Duties.
- **Step 4.** Number of Hours Needed, Per Year. For each of the Required Job Duties and Other Requested Job Duties, enter the maximum number of hours you will employ your Support Broker to provide each of these supports during the upcoming Plan Year.
- **Step 5.** Cost Per Hour. Enter the hourly rate you will pay your Support Broker during the upcoming plan year for each of their job duties. This hourly rate cannot exceed \$18.72/hour.
- **IMPORTANT REMINDER:** You will need to add an additional 9.95% to the hourly rate you want to pay your Support Broker, before putting the hourly rate in the Cost per Hour section. This additional 9.95% is the employer's share of taxes you are responsible for paying to the Federal Government as an employer under the Self-Directed Community Supports Waiver option. To figure out the Cost per Hour for Support Broker services with the 9.95% added on, just multiply the hourly rate you want to pay your Support Broker by 1.0995.
 - Example: If you decide to pay your Support Broker \$18.72/hour, your cost per hour for Support Broker services would be \$20.58.
$$\$18.72 \times 1.0995 = \$20.58$$
- **Step 6.** Annual Cost. Multiply the number of hours needed per year by the cost per Hour to calculate the Annual Cost of each job duty listed.
- **Step 7.** Support Broker Total. Add together the annual cost of all listed job duties to calculate your Support Broker total. Write this total amount on the line provided on the lower right of the worksheet

MY SUPPORT BROKER WORKSHEET

Participant's Name: John Doe

Medicaid ID Number: XXXXXXX

Required Job Duties	Number of Hours Needed, Per Year		Cost Per Hour		Annual Cost
Person-Centered Planning Participation, to Include: Help fill out workbook, determine new goals and unmet needs. Attend and take notes at meeting.	2	X	20.58	=	\$41.16
Development of Written Support and Spending Plan.	4	X	20.58	=	\$82.32
Assist with Monitoring and Review of Budget.	12	X	16.46	=	\$197.52
Submit documentation of Employer satisfaction with supports. (As Requested by the Department of Health and Welfare.)	3	X	16.46	=	\$49.38
Participate in Department quality assurance measures (as requested)	2.5	X	16.46	=	\$41.15
Assisting with Annual Re-determination Process.	1	X	16.46	=	\$16.46
Helping the employer to meet participant responsibilities.	6	X	16.46	=	\$98.76
Criminal History Check Waiver Process (example: complete waiver form, education and counseling to participant and circle of support, assist with detailing rationale for waiver and identifying how health and safety will be protected).	2	X	16.46	=	\$32.92

Other Requested Job Duties (Give Details of Duties)

Assist with problem solving issues that may arise.	6	X	16.46	=	\$98.76
Revise plan as needed.	2	X	20.58	=	\$41.16
Meet with employer and care manager to review plan.	1	X	20.58	=	\$20.58

Support Broker Total = \$ 720.17



IDAHO DEPARTMENT OF
HEALTH & WELFARE

**Participant - Community Support Worker
Employment Agreement**

This agreement is hereby made between John Doe, a participant of the Self- Directed Community Supports (SDCS) Option, a Medicaid option administered by the Department of Health and Welfare (department), and Mary Jones, a Community Support Worker (CSW).

The participant wants to hire the CSW for services under the SDCS Option. In exchange, the CSW wants to be paid for the services provided to the participant. Both parties understand and agree that payment is made through a fiscal employer agent (FEA), using Medicaid monies and based on time sheets submitted by the CSW and approved by the participant.

To these mutual purposes, the parties promise and agree to the following:

1. That CSW services are to be provided in accordance with the participant's SDCS Support and Spending Plan and the SDCS rules, outlined in *IDAPA 16.03.13*, "Consumer-Directed Services."
2. The CSW is the employee of the participant, and that the participant directs, controls, and approves the CSW's work.
3. The CSW is hired to help the participant and assumes no legal liability for the participant's conduct.
4. The CSW meets the following minimum qualifications to be a CSW, as outlined in Section 136 of *IDAPA 16.03.13*, "Consumer-Directed Services."
5. The CSW is an employee of the participant and is not an employee of the SDCS Option or the FEA, and that the CSW is not entitled to nor will make claim for any employee benefits from the SDCS Option or the FEA, including but not limited to, worker's compensation, disability, life insurance, or health insurance.
6. The CSW will notify the participant immediately in the event the CSW is unable to provide the agreed services due to sickness, injury, or personal emergency. The CSW must obtain the participant's written approval in advance for any pre-planned absence.
7. The participant will train the CSW on the duties and responsibilities of the CSW and will be responsible for approving the accuracy of CSW's time records.
8. The CSW will provide services in a safe, courteous, and professional manner. The CSW acknowledges that any physical, sexual, or mental abuse or neglect of the participant by the CSW will result in the immediate termination of this agreement and a report being made according to the requirements in Section 39-5303, *Idaho Code*.
9. The CSW will report any observed physical, sexual, or mental abuse, exploitation or neglect of the participant to adult protection authorities immediately.

10. The CSW cannot provide or bill for services until:

- an authorized Support and Spending Plan has been submitted to the FEA
- the signed “Employment Agreement” has been submitted to the FEA
- the signed “Medicaid-CSW Agreement” has been submitted to the FEA
- No payment for services will be made until both the CSW and the participant have signed the appropriate time sheets, acknowledging their accuracy, and have submitted them to the FEA.
- Medicaid funding can only pay for services that are provided. Under the Self-Direction Waiver Option, the CSW will not receive payment for any vacation time, holiday time, overtime, or sick time. Medicaid will not pay wages at an hourly amount in excess of this agreement.

More than 40 hours a week of paid work are allowed only if the CSW meets the criteria for employees that are exempted from overtime pay and minimum wage requirements according to the “Fair Labor Standards Act”.

The participant must obtain and follow guidance from the Idaho Department of Labor and Commerce to determine if the CSW is exempt from these requirements. It is the responsibility of the participant to ensure that the CSW is exempt if the participant requires the CSW to work more than 40 hours a week.

The CSW will be paid only for the specific services authorized in the Support and Spending Plan.

The signing of this employment agreement by the participant and the CSW signifies that the parties acknowledge that the criteria for exemption from overtime and minimum wage requirements will be met before scheduling work hours in excess 40 hours a week or agreeing to wages less than minimum wage standards.

COLUMN A	B	C	D	E			
Service Needed	Type of Support ☑ only one box	Number of hours per year OR Number of miles/year		Wage per hour OR Wage per mile		Annual Cost	
Personal Support in the home: Assist with hygiene. Teach meal prep skills. Housekeeping.		1300	x	10.00	=	\$13,000.00 Sub-Total	
	☑ Personal PSS						☐ Emotional ESS
	☐ Job JSS						☐ Skilled Nursing SNS
	☐ Transportation TSS						☐ Relationship RSS
	☐ Learning LSS						☐ Transportation Mileage Reimbursement
Personal Support in the Community: Assisting with volunteer activities, grocery shopping, church activities.		520	x	8.00	=	\$4,160.00 Sub-Total	
	☐ Personal PSS						☐ Emotional ESS
	☐ Job JSS						☐ Skilled Nursing SNS
	☐ Transportation TSS						☐ Relationship RSS
	☐ Learning LSS						☐ Transportation Mileage Reimbursement
☒ Code for second rate of pay/hour	PS2 Fill in code						
Transportation: Transportation to community activities and appointments		3120	x	.44	=	\$1,372.80 Sub-Total	
	☐ Personal PSS						☐ Emotional ESS
	☐ Job JSS						☐ Skilled Nursing SNS
	☐ Transportation TSS						☐ Relationship RSS
	☐ Learning LSS						☑ Transportation Mileage Reimbursement
	Total Cost of Agreement:					\$18,532.80	



IDAHO DEPARTMENT OF
HEALTH & WELFARE

**PARTICIPANT- INDEPENDENT CONTRACTOR
WORK AGREEMENT**

This agreement is hereby made between John Doe, a Participant of the Self Directed Community Supports (SDCS) Option, a Medicaid Option administered by the Department of Health and Welfare (Department),

Lois Lane, LCSW, an independent contractor, hereafter referred to as 'Contractor.'

The Participant desires to engage Contractor to provide services under the SDCS Option. In exchange, Contractor will bill for services provided to the Participant. Both parties understand and agree that payment is made through a fiscal employer agent (FEA), using Medicaid monies and based on invoices submitted by Contractor and approved by the Participant. To these mutual purposes, the parties promise and agree as follows:

1. Contractor services are to be provided in accordance with the Participant's SDCS Option Support and Spending Plan, and the SDCS Option rules, outlined in IDAPA 16.03.13, "Consumer-Directed Services."
2. It is mutually understood that Contractor is an independent worker and not the employee of the participant and as such, is responsible for filing tax information with the Internal Revenue Service.
3. Contractor will provide services as directed, controlled and approved by the participant.
4. Contractor is hired to assist the Participant and assumes no legal liability for the Participant's conduct.
5. Contractor ensures that he/she meets the minimum qualifications to be a support worker, as outlined in Section 136 of IDAPA 16.03.13, "Consumer-Directed Services."

6. The parties mutually agree that Contractor is not an employee of the SDCS Option or the Fiscal/Employer Agent, and agree that Contractor is not entitled to nor will make claim for any employee benefits from the SDCS Option or the Fiscal Employer Agent, including but not limited to, worker's compensation, disability, life or health insurance.

7. Contractor agrees to notify the Participant immediately in the event the he/she is unable to provide the agreed services due to sickness, injury or personal emergency.

8. Contractor agrees to provide services in a safe, courteous and professional manner. Any physical, sexual or mental abuse or neglect of the Participant by the contractor will result in the immediate termination of this Agreement and a report being made according to the requirements in Section 39-5303, Idaho Code.

9. Contractor agrees to report any observed physical, sexual or mental abuse, exploitation or neglect of Participant to Adult Protection Services authorities immediately.

10. Contractor understands and agrees that he/she cannot provide or bill for services until:

a.) An authorized Support and Spending Plan has been submitted to the FEA.

b.) Contractor has either cleared the criminal history background check or has had a Waiver signed by the Participant.

11. Contractor understands he/she will not be paid for services until:

a.) An invoice has been submitted to and signed by the participant.

b.) The invoice has been submitted to the FEA.

c.) The Participant's Support and Spending Plan authorizes the service that Contractor has completed.

12. It is mutually understood that Medicaid funding can only pay for services rendered. Under the SDCS option, Medicaid will not reimburse Contractor for any vacation time, holiday time, overtime or sick time. Medicaid will not pay wages at an amount in excess of this agreement.

Contractor will provide the following service(s) to the Participant:

Service needed	Type of Support	Frequency		Duration:		Annual Cost
	<input checked="" type="checkbox"/> only one box	How often or how many		How long a period of time will		

		hours:		the service be offered:		
Mental Health Counseling.	<input type="checkbox"/> Personal PSS <input checked="" type="checkbox"/> Emotional ESS <input type="checkbox"/> Job JSS <input type="checkbox"/> Skilled Nursing SNS <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship RSS TSS <input type="checkbox"/> Learning LSS	52	x	1 year	=	\$1,300.00
						Sub-Total
Service needed	Type of Support <input checked="" type="checkbox"/> only one box					Annual Cost
	<input type="checkbox"/> Personal PSS <input type="checkbox"/> Emotional ESS <input type="checkbox"/> Job JSS <input type="checkbox"/> Skilled Nursing SNS <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship RSS TSS <input type="checkbox"/> Learning LSS		x		=	\$
						Sub-Total
Service needed	Type of Support <input checked="" type="checkbox"/> only one box					Annual Cost
	<input type="checkbox"/> Personal PSS <input type="checkbox"/> Emotional ESS <input type="checkbox"/> Job JSS <input type="checkbox"/> Skilled Nursing SNS <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship RSS TSS <input type="checkbox"/> Learning LSS		x		=	\$
						Sub-Total
	TOTAL COST OF AGREEMENT				=	\$1,300.00
						TOTAL

Contractor must meet the following specific qualifications in order to provide the above services including attaching copy of certification/licensure, if applicable, as outlined in Subsections 120.05 and 150.01:

Copy of Licensed Clinical Social Worker license.

Additional terms of this agreement are as follows:



IDAHO DEPARTMENT OF
HEALTH & WELFARE

**Participant- Agency / Community Support Worker
Employment Agreement**

This agreement is hereby made between John Doe, a participant of the Self-Directed Community Supports (SDCS) Option, a Medicaid option administered by the Department of Health and Welfare (the department), and Idaho Works! Services, an agency.

It is mandatory to identify specific community support workers (CSW) who will be supplying services under this agreement.

The names of the individuals who will provide community support services under this agreement are:

Mary Todd, Martha Custis, and Barbara Pierce

The participant wants to hire the agency to provide a CSW for services under the SDCS Option. In exchange, the agency will bill for and provide payment to the CSW for services provided to the participant. Both parties understand and agree that payment is made through a fiscal employer agent (FEA), using Medicaid monies and based on time sheets submitted by the CSW and approved by the participant.

The CSW will remain an employee of the agency and the agency agrees to provide services that might otherwise be the responsibility of the participant, as detailed in the “Additional Terms” section. To these mutual purposes, the parties promise and agree as follows:

1. The CSW services are to be provided in accordance with the participant’s SDCS Option Support and Spending Plan, and the SDCS Option rules, outlined in *IDAPA 16.03.13*, “Consumer-Directed Services.”
2. The CSW remains the employee of the agency but will provide services as directed, controlled, and approved by the participant.
3. The CSW is hired to help the participant and assumes no legal liability for the participant’s conduct.
4. The agency will ensure that the CSW meets the minimum qualifications to be a CSW, as outlined in Section 136 of *IDAPA 16.03.13*, “Consumer-Directed Services.”

5. The CSW is an employee of the agency and is not an employee of the SDCS Option or the FEA, and agree that the CSW is not entitled to nor will make claim for any employee benefits from the SDCS Option or the FEA, including but not limited to worker's compensation, disability, life insurance, or health insurance.
6. The agency will notify the participant immediately in the event the CSW is unable to provide the agreed services due to sickness, injury, or personal emergency. The CSW must obtain the participant's written approval in advance for any pre-planned absence.
7. Unless the participant specifies otherwise in the "Additional Terms" section of this agreement, the agency will train the CSW on the duties and responsibilities of a CSW.
8. The agency will be responsible for ensuring the accuracy of CSW's time records.
9. The agency will train the CSW and require the CSW to provide services in a safe, courteous, and professional manner. The agency acknowledges that any physical, sexual, or mental abuse or neglect of the participant by the CSW will result in the immediate termination of this agreement and a report being made according to the requirements in Section 39-5303, *Idaho Code*.
10. The agency will train the CSW and require the CSW to report any observed physical, sexual, or mental abuse, and any exploitation or neglect of the participant to adult protection authorities immediately.
11. The agency cannot provide or bill for services until:
 - An authorized "Support and Spending Plan" has been submitted to the FEA.
 - The CSW has either cleared the criminal history background check or has a waiver signed by the participant.
12. The agency will not be paid for services until:
 - A time sheet has been submitted to and signed by the participant.
 - An invoice that correlates to the CSW's time sheet has been supplied by the agency and signed by the participant.
 - The invoice has been submitted to the FEA.
13. Medicaid funding can only pay for services that are provided. Under the SDCS option, Medicaid will not reimburse the agency or the CSW for any vacation time, holiday time, overtime, or sick time. Medicaid will not pay wages at an hourly amount in excess of this agreement.

The agency will ensure that any CSW who performs paid work in excess of 40 hours a week or works for less than minimum wage has met the criteria for exemption from the requirements for overtime and minimum wage, according to the Fair Labor Standards Act and the Idaho Department of Commerce and Labor.

The agency will provide the following services to the participant:

COLUMN A	B	C	D	E			
Service Needed	Type of Support ☑ only one box		Number of hours/ year OR Number of miles/year	Wage per hour Or Rate per mile	Annual Cost		
Support John at work to keep him on task and focused during his work day.	<input type="checkbox"/> Personal PSS	<input type="checkbox"/> Emotional ESS	520.00	x	16.46	=	\$8,559.20 Sub-Total
	☑ Job JSS	<input type="checkbox"/> Skilled Nursing SNS					
	<input type="checkbox"/> Transportation TSS	<input type="checkbox"/> Relationship RSS					
	<input type="checkbox"/> Learning LSS	<input type="checkbox"/> Transportation Mileage Reimbursement					
Drive John from his home to work and back.	<input type="checkbox"/> Personal PSS	<input type="checkbox"/> Emotional ESS	468	x	.40	=	\$205.92 Sub-Total
	<input type="checkbox"/> Job JSS	<input type="checkbox"/> Skilled Nursing SNS					
	<input type="checkbox"/> Transportation TSS	<input type="checkbox"/> Relationship RSS					
	<input type="checkbox"/> Learning LSS	☑ Transportation Mileage Reimbursement					
	<input type="checkbox"/> Code for second rate of pay/hour	_____ Fill in code					
	Total Cost of Agreement:						\$8,765.12

MY SPENDING PLAN WORKSHEET

Participant's Name: John Doe

Medicaid ID Number: xxxxxxx

Personal Support: Helps you maintain health, safety, and basic quality of life.

Service, Task, or Good	Name of Person, Agency, or Vendor Providing the Support	Number of Hours/Items Needed Per Year		Cost Per Hour/Item		Annual Cost
Teaching healthy meal prep, assistance with personal hygiene, teaching housekeeping skills. (25 hours per week)	Mary Jones	1300	x	10.98	=	14,274.00
Assisting with volunteer activities, teaching healthy grocery shopping and label reading, personal support during church activities. (10 hours per week)	Mary Jones	520	x	8.78	=	4,565.60

Total = \$18,839.60

Emotional Support: Helps you learn and practice behaviors consistent with goals and wishes while minimizing interfering behaviors.

Service, Task, or Good	Name of Person, Agency, or Vendor Providing the Support	Number of Hours/Items Needed Per Year		Cost Per Hour/Item		Annual Cost
Mental Health Counseling, to include talking through John's problems, working on identifying stressors in his life and developing coping mechanisms so that John can live a happy, fulfilling life. (1 hour/week)	Lois Lane, LCSW	52	x	27.44	=	1,426.88

Total = \$1,426.88

Job Support: Helps you secure and maintain employment or attain job advancement.

Service, Task, or Good	Name of Person, Agency, or Vendor Providing the Support	Number of Hours/Items Needed Per Year		Cost Per Hour/Item		Annual Cost
Provide Job Support to John while at work. To include keeping John on task, keeping John focused at work during the work day, and ensuring that John completes his checklist of duties for each shift. (10 hours/week)	Idaho Works! Services	520.00	x	16.46	=	8,559.20

Total = \$8,559.20

Transportation Support: Helps you accomplish identified goals through gaining access to community services, activities, and resources.

Service, Task, or Good	Name of Person, Agency, or Vendor Providing the Support	Number of Hours/Items Needed Per Year		Cost Per Hour/Item		Annual Cost
Transportation to and from community activities and appointments. (60 miles per week)	Mary Jones	3120	x	.44/mile	=	1372.80
Transportation to and from work. (9 miles per week)	Idaho Works! Services	468	x	.44/mile	=	205.92

Total = \$1,578.72

MY SPENDING PLAN SUMMARY

Participant's Name: John Doe

Medicaid ID Number: xxxxxxx

• Support Broker Total	= <u>\$720.17</u>
○ Personal Support	<u>\$18,839.60</u>
○ Job Support	<u>\$8,559.20</u>
○ Transportation	<u>\$1,578.72</u>
○ Learning Support	\$ _____
○ Relationship	\$ _____
○ Emotional Support	<u>\$1,426.88</u>
○ Skilled Nursing Support	\$ _____
○ Adaptive Equipment	\$ _____
• Community Supports Total	= <u>\$30,404.40</u>
○ Fiscal Employer Agent	<u>\$1,296.00</u>
• Grand Total	= <u>\$32,420.57</u>

SUPPORT AND SPENDING PLAN AUTHORIZATION

Participant's Name: John Doe Region: 2

Medicaid ID Number: 1234567

Community Supports Total **\$30,404.40**

Fiscal Employer Agent **\$1,296.00**

Grand Total **\$32,420.57**

SUPPORT BROKER TOTAL: **\$720.17**

NAME: John Doe

ADDRESS: 111 Hill Street, Moscow, ID 83843

Plan Start Date:
From _____ To _____ DOB: _____

Plan Approved By:

Regional Medicaid Services Signature

Assessed Annual Medicaid Budget
\$ _____

Approved request amount \$ _____

Remaining difference \$ _____

Personal Support:

(Services, Tasks, and Goods)

Teaching healthy meal prep, assistance with		and church activities.
personal hygiene, teaching housekeeping skills.		
Assistance with volunteer activities, grocery shopping		

Total= \$ 18,839.60

Job Support:

(Services, Tasks, and Goods)

Assisting John while at work. Assisting John to stay		John focused during his shift.
stay on current task, follow daily checklist, keeping		

Total= \$ 8,559.20

Transportation Support:

(Services, Tasks, and Goods)

Transportation to community activities and appointments		
Transportation to and from work		

Total= \$1,578.72

Emotional Support:

(Services, Tasks, and Goods)

Mental Health Counseling, to include talking through		enjoy a happy, fulfilling life.
John's problems, working on identifying stressors in his		
life and developing coping mechanisms so that John can		

Total= \$1,426.88

Support and Spending Plan Change #1 Authorization

Start Date of Plan Change: 7/1/2009

Individual's Name: John Doe

Medicaid ID # xxxxxxx

Plan Start Date:
From 1/1/2009 to 12/31/2009 DOB: 10/20/1985

Increase in JSS

\$713.44 (Delete ESS)
+ \$856.44 (Decrease in PSS)
\$1569.88

Services Signature _____

"ADD" Total:-----\$2,139.80

"DELETE" Total + "REDUCE" Total - \$1,569.88

Budget dollars requested----- = \$569.92

Total Annual Medicaid Budget:

\$35,000.00

Prior Approved Budget Amount as of 1/1/2009:

\$32,420.57

Additional Budget Dollars Approved: \$569.92

\$2,139.80
-\$1569.88
\$569.92

ADD:

Service, task or good	Type of Support ☑ only one box	Cost
Job Support-John's work hours have been increased By 5 hours per week. Assist John with staying on task and focused and completing his checklist.	<input type="checkbox"/> Personal <input type="checkbox"/> Emotional <input checked="" type="checkbox"/> Job <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship <input type="checkbox"/> Learning <input type="checkbox"/> Adaptive Equipment	\$2,139.80
	<input type="checkbox"/> Personal <input type="checkbox"/> Emotional <input type="checkbox"/> Job <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship <input type="checkbox"/> Learning <input type="checkbox"/> Adaptive Equipment	
	<input type="checkbox"/> Personal <input type="checkbox"/> Emotional <input type="checkbox"/> Job <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship <input type="checkbox"/> Learning <input type="checkbox"/> Adaptive Equipment	

This plan started on 1/1, and the change is to take place on 7/1. This means services will only be altered for half the year, or 26 weeks. John is requesting 3 hours per week of additional job coaching at \$16.46/hour. 3x16.46=\$49.38/week. \$49.38x26=\$2,139.80. This amount is to be added to his total budget.

TOTAL: \$2,139.80

DELETE:

Service, task or good	Type of Support ☑ only one box	Cost
Mental Health Counseling-John has made a lot of progress and has been successful at regulating his emotions and coping with stressors.	<input type="checkbox"/> Personal <input type="checkbox"/> Job <input type="checkbox"/> Transportation <input type="checkbox"/> Learning <input checked="" type="checkbox"/> Emotional <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Relationship <input type="checkbox"/> Adaptive Equipment	\$713.44
	<input type="checkbox"/> Personal <input type="checkbox"/> Job <input type="checkbox"/> Transportation <input type="checkbox"/> Learning <input type="checkbox"/> Emotional <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Relationship <input type="checkbox"/> Adaptive Equipment	
	<input type="checkbox"/> Personal <input type="checkbox"/> Job <input type="checkbox"/> Transportation <input type="checkbox"/> Learning <input type="checkbox"/> Emotional <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Relationship <input type="checkbox"/> Adaptive Equipment	
TOTAL: \$		<u>713.44</u>

John has decided to discontinue mental health counseling. He originally budgeted for 52 weeks of mental health counseling at \$27.44 per session for a total of \$1,426.88. He is cutting 26 weeks of counseling out of his budget. $27.44 \times 26 = \$713.44$. This amount is to be subtracted from his total budget.

REDUCE:

Service, task or good	Type of Support ☑ only one box	Cost
Personal Support-John has been doing so well with his housework, he no longer needs supervision to make sure all chores are being completed. PSS at home is being reduced by 3 hours per week.	<input checked="" type="checkbox"/> Personal <input type="checkbox"/> Job <input type="checkbox"/> Transportation <input type="checkbox"/> Learning <input type="checkbox"/> Emotional <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Relationship <input type="checkbox"/> Adaptive Equipment	\$856.44
	<input type="checkbox"/> Personal <input type="checkbox"/> Job <input type="checkbox"/> Transportation <input type="checkbox"/> Learning <input type="checkbox"/> Emotional <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Relationship <input type="checkbox"/> Adaptive Equipment	
	<input type="checkbox"/> Personal <input type="checkbox"/> Job <input type="checkbox"/> Transportation <input type="checkbox"/> Learning <input type="checkbox"/> Emotional <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Relationship <input type="checkbox"/> Adaptive Equipment	
TOTAL: \$		<u>856.44</u>

John is reducing his personal support in the home by 3 hours per week. He originally budgeted 25 hours per week for 52 weeks at \$10.98/hour. He is cutting 3 hours a week for 26 weeks. $10.98 \times 3 = \$32.94/\text{week}$. $32.94 \times 26 = \$856.44$. This amount is to be subtracted from his total budget.

Participant Signature _____ Date: _____

Legal Guardian (if applicable) _____

Date: _____

PLAN CHANGE INSTRUCTIONS

A Plan Change form must be submitted to Regional Medicaid Services for the following reasons:

- Adding a new service, task or good to the Support and Spending Plan; **or**
- Adding budget dollars to a service, task or good previously approved on the Support and Spending Plan.

Step 1. Indicate Participant's name on designated line of first page.

Step 2. Indicate Participant's Medicaid identification number on designated line of first page.

Step 3. If a new Service, Task and/or Good is being added to the Support and Spending Plan, indicate the Service(s), Task(s) and/or Good(s) to be added in the **ADD** box of the Plan Change form. List each Service, Task and/or Good on a separate line.

Step 4. For each Service, Task and/or Good listed in the **ADD** box, check the **Type of Support** box that corresponds to the support.

Step 5. For each Service, Task and/or Good listed in the **ADD** box, list its annual cost for the remainder of the plan year in the **Cost** section.

Step 6. Add together the annual cost(s) for all of the Service(s), Task(s) or Good(s) listed in the **ADD** box to calculate the **Total** cost of all supports listed in this section.

Step 7. If a new Service, Task and/or Good is being deleted from the Support and Spending Plan in order to access budget dollars to pay for other Service(s), Task(s) or Good(s), indicate the Service(s), Task(s) and/or Good(s) to be deleted in the **DELETE** box of the Plan Change form. List each Service, Task and/or Good to be deleted on a separate line.

Step 8. For each Service, Task and/or Good listed in the **DELETE** box, check the **Type of Support** box that corresponds to the support as it was identified in the initial Support and Spending Plan.

Step 9. For each Service, Task and/or Good listed in the **DELETE** box, list the total budget dollar amount that will be

added back in to pay for other Service(s), Task(s) or Good(s) in the **Cost** section.

- Step 10.** Add together the cost(s) associated with all of the Service(s), Task(s) or Good(s) listed in the **DELETE** box to calculate the **Total** costs of all supports listed in this section.
- Step 11.** If the total dollars approved for a Service, Task and/or Good is being reduced from the Support and Spending Plan in order to access budget dollars to pay for other Service(s), Task(s) or Good(s), indicate the Service(s), Task(s) and/or Good(s) to be reduced in the **REDUCE** box of the Plan Change form. List each Service, Task and/or Good to be reduced on a separate line.
- Step 12.** For each Service, Task and/or Good listed in the **REDUCE** box, check the **Type of Support** box that corresponds to the support as it was identified in the initial Support and Spending Plan.
- Step 13.** For each Service, Task and/or Good listed in the **REDUCE** box, list in the total budget dollars that will be added back in to pay for other Service(s), Task(s) or Good(s) in the **Cost** section.
- Step 14.** Add together the cost(s) associated with all of the Service(s), Task(s) or Good(s) listed in the **REDUCE** box to calculate the **Total** costs of all supports listed in this section.
- Step 15.** List the **Total** for the **ADD** section on the line indicated on the first page of the Plan Change form.
- Step 16.** Add together the **Total** for the **DELETE** section with the **Total** for the **REDUCE** section. List this combined total on the line indicated on the first page of the Plan Change form.
- Step 17.** Subtract the combined **DELETE/REDUCE** total from the **ADD** total to calculate the Budget Dollars Requested. List this total on the line indicated on the first page of the Plan Change form.
- Step 18.** Participant must sign the Plan Change form at the bottom of the second page.
- Step 19.** Indicate the month, day, and year the Participant signed the Plan Change form.
- Step 20.** If the Participant has a Guardian, the Guardian must sign the Plan Change form at the bottom of the second page.
- Step 21.** Indicate the month, day, and year the Guardian signed the Plan Change form.

APPENDIX C

Service Satisfaction Survey

Employer Name: _____ Date: _____

Support Broker Name: _____

Community Support Worker Name: _____

Quality Assurance Review Questions	Yes	No	N/A
1. Do you help pick the people who help you?			
2. Do you know you can change your support staff, if you want to?			
3. Do you tell your support staff what to help you with?			
4. Would you like to tell them the things you want help with?			
5. When you are with your support staff at home, can you eat when you want to?			
6. Can you watch TV when you want to?			
7. Can you go to bed when you want to?			
8. Did you choose the days and time the support worker provides services?			
9. Do the support staff who help you, respect you?			
10. Do they say "please" and "thank you" when they ask you to do something?			
11. Does the support staff listen carefully, to what you ask them to do?			
12. Does anyone take your things without asking first?			
13. If yes, what happens? Would you like to tell someone about this? (Specify)			
14. Who takes your things without asking first? (Specify)			
15. Does anyone ever do mean things to you, such as yell at you?			
16. What happens? Would you like to tell someone about this? (Specify)			
17. Who is mean to you or yells at you? (Specify)			
18. Does anyone ever hit you or hurt your body?			
19. What happens? Would you like to tell someone about this? (Specify)			
20. Who hits you or hurts your body? (Specify)			

Comments:			

Employer (participant)

Support broker

APPENDIX D

RISK IDENTIFICATION TOOL

During the Person-Centered Planning (PCP) process you can use this tool to help start thinking, brainstorming, and planning in order to:

- 1) Make a list of things that could put you in danger.
- 2) List what the things are that are unsafe for you and
- 3) Decide if this should be something to list on your **My Safety Plan**.

Below is a list of the some common risk factors that could be considered dangerous or unsafe for you. This list is designed to encourage helpful discussion about issues of risk which may be real for you. There may be other risks that are not listed. Remember, discussing and identifying risk is an important part of person-centered planning. It is what allows you to live safely and successfully in the community. So take your time with this process.

- Eating
- Mobility
- Transfers
- Toileting
- Communication
- Community Access
- Bathing
- Hurtful to Self
- Hurtful to Others
- Running Away
- Home Repair
- Property Destruction
- Placed in a Physical Hold
- Behavior medications
- Criminal behavior
- Forgetting or refusing to take medications
- Seizure-medications
- Skin breakdown
- Bowel blockage
- Nutritional
- Diabetes
- Choking
- Breathing or Heart Problems
- Bone or Joint Problems
- Community access
- Emergency response
- People taking advantage of your money
- Stomach Problems
- Injuries
- Falls
- People taking advantage of you
- Noise/Touch Issues
- Seizure

What is the issue of risk?	How is this issue thought or known to be of particular risk to this person?	Should this issue be included in the My Safety Plan ? Yes/No?

APPENDIX E

POLICY STATEMENTS

I. Waiver of Criminal History Check

Background

Self-Direction under a Home and Community Based Services Waiver is based on the premise that participants should be able to make decisions and accept the risks associated with those decisions. Waiver assurances in areas such as participant Safeguards and Qualified Providers must still be met by States.

The decision was made by Idaho to allow participants to waive the criminal history check for a community support worker under certain conditions (Idaho Administrative Procedures Act (IDAPA) 16.03.13.150.01.a).

Policy

- Participants who choose to waive the criminal history check for a community support worker must indicate that they are choosing to waive the requirement on the Employment Agreement with the worker.
- The participant and guardian (if applicable) must complete and sign the Waiver of Liability – Assumption of Risk form which states that they understand the risks of waiving this requirement.
- The Waiver of Liability – Assumption of Risk form must include:
 - The rationale for waiving the requirement.
 - Information on how they will assure that they are not at risk for abuse, neglect, or exploitation as a result of waiving the criminal history check.
 - Verification by the support broker that they have provided education and counseling regarding the risk of waiving the criminal history check to the participant and guardian (if applicable).
- The Support and Spending Plan must address how risks of waiving the criminal history check will be addressed.
- Concurrent Reviews will include a random sample of participants who have waived the criminal history check for a community support worker.

Procedures

1. During the Self Assessment Process, risks for abuse, neglect, and exploitation are assessed. If the participant, their support broker, or their circle of supports identifies a risk in one or more of these areas, the Support and Spending Plan must address the supports needed to protect the participant from the risk(s). If known, the plan must address the planned waiver of a criminal history check for any planned community support workers.
2. At the time the participant hires a community support worker and chooses to waive the criminal history check, the participant must indicate that they are waiving the requirement on the Employment Agreement and complete the Release of Liability form. This form must be included in the employment package sent to the fiscal employer agent.
3. The fiscal employer agent must keep a tickler file of all Employment Agreements with criminal history check waivers and make it available to the Department upon request.
4. The fiscal employer agent will check the criminal history sanction list from the Bureau of Audits and Investigations prior to completing the approval process for a community support worker with a waived criminal history check. If the provider is on one of the lists, the participant and/or their family/guardian and the Regional Medicaid Services is informed and the Employment Agreement is not approved.

5. Concurrent reviews will include a sampling of participants who have waived the criminal history check for their community support worker.
6. Regional Medicaid Services will submit annual reports to Central Office regarding:
 - Number of waivers.
 - Problems/issues because of waivers.
7. Quality Oversight Reports to the Quality Oversight Committee will include an analysis of the impact of this waiver process.

II. Legal Guardians as Paid Caregivers

It is the intent of the Division of Medicaid to allow legal guardians to be a paid community support worker under the Self-Directed Waiver Option of the Developmental Disabilities Home and Community Based Services Program. A legal guardian can be paid to provide the supports identified on the Support and Spending Plan with the exception of the following:

- A Legal Guardian cannot be paid to fulfill the responsibilities the participant agrees to under the "Agreement to Select Self-Directed Services".
- A Legal Guardian cannot be paid to fulfill the responsibilities they are legally responsible to fulfill, as ordered in the guardian/conservator court order(s).

The Department will take measures to prevent a conflict of interest and unfair financial gain by a legal guardian who is hired by a participant as a community support worker. Guardian/Conservator court orders must be submitted with the Support and Spending Plan.

When a participant's legal guardian has been selected to provide community support services for a Self-Directed participant, the following authorization criteria and monitoring provisions must be in place:

Authorization Criteria

- The service must meet the definition of a community support as listed in IDAPA 16.03.13.110, *Paid Self-Directed Community Supports*.
- The service must be a service that is authorized in the Support and Spending Plan.
- The service must be paid at a rate that does not exceed that which is customary in the geographic area for similar services.
- If the participant lives in a Certified Family Home with the legal guardian, the community support worker services cannot duplicate the services expected under the room and board payment (rent, utilities, food, etc) that is paid through the participants Aid to the Aged, Blind, and Disabled supplement or SSI in accordance with Certified Family Home Rules.
- The Circle of Support for a participant, who hires a legal guardian, must include at least one non-family member in addition to the support broker. A family member for purposes of this provision includes any person related by blood or marriage to the participant or legal guardian.

Monitoring Strategies

In addition to monitoring and reporting activities required for all Self-Directed processes and activities, the following additional monitoring activities are required when the participant elects to use a legal guardian as a paid provider.

- Quarterly quality assurance/quality improvement reviews (criteria to be developed) by the support broker (submitted to the Department, and to include such things as Health and Safety; verification that services are being delivered as documented on the timesheets).
- Enhanced Participant Review when indicated.

III. Complaint/Critical Incident Reporting

The intent of this policy is to define a process to deal with complaints and critical incidents that compromise the safety or the quality of services to Medicaid participants, and to identify a process to report abuse, neglect, exploitation, and Medicaid fraudulent transactions to the appropriate investigative authority. Complaints or incidents of abuse, neglect, or exploitation that are referred to Adult Protections must also be tracked in the complaint/critical incident reporting SharePoint application.

The complaint/critical incident reporting processes are the avenues by which a Medicaid participant applying for, or receiving Home and Community Based Services, or a complaint/critical incident person:

- Registers dissatisfaction with, or reports problems with, one or more of the following:
 - Access Issues – Issues involving the availability of services, barriers to obtaining services, or lack of resources/services.
 - Benefit amount – A disagreement by a participant regarding the amount of benefits that they received.
 - Confidentiality – Issues dealing with legal obligations regarding the Department's responsibility to protect a participant's personal information. Keeping participant information confidential is the responsibility of the Department.
 - Contract services – Issues involving an entity providing services under a contract with the Department. (Does not include providers of services under Medicaid Provider Agreements.)
 - Denial of service – The denial by the Department to provide or reimburse for a service or program requested by a participant or his/her representative.
 - Discrimination – The prejudicial treatment of participants protected under federal and/or state law (includes any form of discrimination based on race, color, gender, national origin, age, religion, or disability).
 - Fraud – An intentional deception or misrepresentation made by a person with knowledge that the deception could result in some unauthorized benefit to him/herself or some other person.
 - Privacy – Issues dealing with the right of participants to access and control their personal information and not have it used or disclosed by others against their wishes.
 - Referrals – Issue or complaint/critical incident dealing with the ability of a provider or participant to obtain a referral to a provider other than the assigned Healthy Connections Primary Care Provider.
 - Quality of Care – Issues that involve the meeting or not meeting of rules, policies, or commonly accepted practice standards around care/services provided to participants of the Department.
 - Other – When the complaint does not fit one of the classifications listed, this classification may be used, and must describe the complaint/critical incident.
- Reports one or more of the following critical incidents:
 - Abuse – The non-accidental infliction of physical pain/injury or mental injury.
 - Exploitation – An action which may include, but is not limited to, the misuse of a vulnerable adult's funds, property, or resources by another person for profit or advantage, (Idaho Code, 39-5302; 7).
 - Death of a participant regardless of the cause or location.
 - Hospitalizations.
 - Injury caused by restraints.
 - Medication error that results in the need for medical care or a pattern of medication errors.
 - Neglect/Safety Issues – Failure of a caretaker to provide food, clothing, shelter, or medical care reasonably necessary to sustain the life and health of a vulnerable adult, or the failure of a vulnerable adult to provide those services for himself, (Idaho Code 39-5302; 8).
 - Participant is missing, and missing persons report has been filed.
 - Participant is the victim of a crime.
 - Self Advocate termination of an employee for a criminal conviction or substantiated adult or child protection claim.
 - Serious injury that results in a need for care beyond first aide.
 - Violation of rights.

All complaint/critical incidents regarding the provision of Home and Community Based Services will be investigated and tracked in the complaint/critical incident reporting Medicaid database. Appropriate safeguards will be provided to assure the health and safety of participants.

Complaints/Critical Incidents are not:

- Program inquiries.
- Problem solving where the receipt of the correct information satisfies the submitter's complaint/critical incidents.
- Requests for information.
- Complaint/critical incidents beyond the jurisdiction of the Department that are referred immediately to the appropriate agency.
- Legal actions other than appeals.
- Employee specific issues - Refer employee specific complaint/critical incidents to the appropriate supervisor or program management.
- Information or referrals.

Response Time Frames

It is critical that complaint/critical incidents are dealt with in an expedient manner, to include timely and legal reporting to authorities, standard investigation, documentation procedures, and follow-up activities.

Procedures

1. The Regional Medicaid Services or Medicaid Central Office personnel may receive a complaint, or information regarding a critical incident from a variety of sources including but not limited to:
 - Medicaid Recipients, family members, friends, and representatives.
 - Medicaid Provider Assistance Agencies.
 - Hospitals, health care agencies, and professionals.
 - Nursing homes, RALFs, and certified family homes.
 - Health and Welfare Programs and other State of Idaho agencies.
 - Out of state.
 - Anonymous.
 - Other.
2. When a complaint or critical incident report that meets the definition in the above stated policy is received by the Regional Medicaid Services, the "Point of Contact Person" will enter the information into the complaint/critical incident reporting SharePoint application.
 - a) If the critical incident alleges there is reasonable cause to believe abuse or sexual assault has resulted in death or serious physical injury jeopardizing the life, health, or safety of a vulnerable adult, the Point of Contact Person will immediately, or at least within four hours, notify the appropriate law enforcement authority, Adult Protection, and/or Child Protection.
3. The Program Manager is responsible to ensure all complaint/critical incidents are promptly assigned to the appropriate staff person or unit for investigation and resolution. Additional considerations might include:
 - a) If the complaint/critical incident report requires no future action or staff assignment, final information will be recorded in the complaint/critical incident reporting SharePoint application.
 - b) Depending on the nature of the complaint/critical incident report, the Program Manager may wish to notify the Division of Medicaid Deputy Administrator, Regional Director, Facility Standards, or Bureau of Audits and Investigations, and follow-up with law enforcement, child protection, and/or adult protection.
4. The Staff person or unit assigned to investigate and resolve complaint/critical incident may:
 - a) Conduct person to person, telephone, or on-site investigation processes.
 - b) May work collaboratively with other agencies to investigate complaint/critical incident.
 - c) May request written reports and documentation from various parties.
 - d) Will advise the Program Manager when additional resources or staff is needed to assist with an investigation.
 - e) Will report abuse, neglect, and exploitation, if discovered, to appropriate authority within required time frame.
 - f) Will strictly comply with all confidentiality laws and rules.

5. Upon resolving a complaint/critical incident or investigation of a critical incident the assigned staff person or unit will complete all documentation on the SharePoint site, notify appropriate agencies, and notify the Program Manager of results and findings. Additionally:
 - a) The Program Manager may notify the Division of Medicaid Deputy Director, Regional Director, Facility Standards, Bureau of Audits and Investigations, and/or Deputy Attorney General of investigation finds and resolution.
 - b) The Program Manager may require that investigating staff person or unit expand investigation or take additional action.
 - c) If Medicaid Fraud was substantiated, the Program Manager will notify the Bureau of Audits and Investigations.

APPENDIX F

Idaho Department of Health & Welfare Authorization for Disclosure

Please complete and return this form to a Department of Health and Welfare office.

Available in Spanish. We provide interpreter services at no cost. Call 2-1-1 or (800) 926-2588 for interpretation assistance. Disponible en español. Proveemos servicios de intérprete sin costo alguno. Llame al 2-1-1 ó al (800) 926-2588 para obtener la ayuda de un intérprete.

Participant Information

Participant Name _____ Date of Birth _____

(First, MI, Last)

Telephone _____

Mailing Address _____ State _____ Zip Code _____

Requestor Information

(To be completed if authorization is being made by someone other than the subject of the information. Please provide documentation of your authority).

Requestor Name (If different than Participant) _____ Telephone _____

Mailing Address _____ State _____ Zip Code _____

Authorization Details

I authorize the following participant, organization, or business

_____ *to disclose my confidential information to:*

Name _____

Mailing Address _____ State _____ Zip Code _____

For the purpose of: _____

Please describe in detail the information to be disclosed:

This authorization will expire in six months unless another date or event is specified here.

I understand that, at my request, a copy of the completed and signed authorization form will be made available to me. I understand that I may revoke this authorization in writing, at any time, except to the extent that action has been taken in reliance upon this authorization. I may submit my written statement of revocation to a Department of Health and Welfare. I understand that the person or entity who receives my confidential information may not be required to prevent unauthorized use or disclosure.

I understand that this authorization, unless expressly limited by me in writing, will extend to all aspects of my treatment including testing and/or treatment for sexually transmitted diseases, AIDS, or HIV infection, alcohol and/or drug abuse, and mental health conditions.

I understand that my signature on this form is not required for treatment, payment, enrollment, or eligibility for benefits, and that a copy of this authorization shall be as valid as the original.

Your signature

Date

Your signature must be notarized if we are unable to verify your identity and you must submit this request by mail